



LANCASHIRE COUNTY COUNCIL

REPORT

OF THE


MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1967

(Presented to the County Council, 7th November, 1968)

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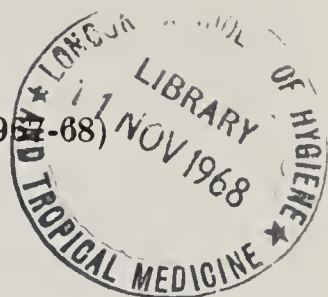
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PUBLIC HEALTH AND HOUSING COMMITTEE (1964-68)

**The Chairman of the County Council :**

COUNTY ALDERMAN H. LUMBY, C.B.E., J.P., D.L.

The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR FRED LONGWORTH

The Chairman of the Finance Committee :

COUNTY ALDERMAN J. G. BARBER-LOMAX, C.B.E., T.D., M.A., LL.B., J.P., D.L.

The Vice-Chairman of the Finance Committee :

COUNTY ALDERMAN J. SELWYN JONES, O.B.E., J.P.

The Chairman of the Health Committee :

COUNTY ALDERMAN H. LORD, C.B.E., J.P.

Chairman of Committee :

COUNTY ALDERMAN F. L. NEEP

Vice-Chairman :

COUNTY COUNCILLOR T. G. HARRISON, J.P.

County Alderman:

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County Councillors :

W. P. ADSHEAD, Esq.
 J. H. AINSWORTH, Esq.
 R. C. ARCHIBALD, Esq.
 D. BENNETT, Esq., J.P. (*from 30.11.67*)
 H. M. F. CARRINGTON, Esq., T.D.
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 M. J. FITZHERBERT-BROCKHOLES, Esq., J.P.
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 P. GILBRAITH, Esq., (*from 27.6.67*)
 T. S. HAYTON, Esq.
 E. HAYES, Esq.
 B. HODGSON, Esq.
 Mrs. N. HOLLEY, (*from 29.4.68*)
 W. HOWARTH, Esq.
 H. HUNT, Esq.

M. W. INGOE, Esq.
 Mrs. E. JONES
 W. H. LIGHTFOOT, Esq.
 W. J. McKAY, Esq., J.P.
 T. MILNE, Esq.
 O. MURRAY, Esq.
 H. NUTTALL, Esq., (*from 22.6.67*)
 W. T. PRESCOTT, Esq.
 Mrs. A. SHERRATT
 G. SMITH, Esq.
 A. B. TIMPERLEY, Esq., J.P.
 F. WHITWORTH, Esq.
 A. WILLIAMS, Esq., J.P. (*resigned 20.10.67*)
 P. WORTH, Esq.
 W. WROE, Esq., J.P.

HEALTH COMMITTEE (1967-68)

The Chairman of the County Council :

COUNTY ALDERMAN H. LUMBY, C.B.E., J.P., D.L.

The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR FRED LONGWORTH

The Chairman of the Finance Committee :

COUNTY ALDERMAN J. G. BARBER-LOMAX, C.B.E., T.D., M.A., LL.B., J.P., D.L.

The Vice-Chairman of the Finance Committee :

COUNTY ALDERMAN J. SELWYN JONES, O.B.E., J.P.

The Chairman of the Public Health and Housing Committee :

COUNTY ALDERMAN F. L. NEEP

The Chairman of the Lancashire Education Committee :

COUNTY ALDERMAN J. R. HULL, C.B.E.

The Chairman of the School Health Sub-Committee :

COUNTY COUNCILLOR R. C. ARCHIBALD

Chairman of Committee :

COUNTY ALDERMAN H. LORD, C.B.E., J.P.

Vice-Chairman :

COUNTY ALDERMAN J. W. GEERE, J.P.

County Aldermen :

S. C. BOTTOMLEY, Esq.

H. DAVIES, Esq.

T. HOURIGAN, Esq., M.A., J.P.

Mrs. M. M. C. KEMBALL, O.B.E., J.P.

Mrs. W. KETTLE, J.P.

Mrs. K. LOWE, J.P.

G. H. LUPTON, Esq. (*died 4.7.67*)

F. WORSLEY, Esq., J.P.

County Councillors :

G. L. ANNETT, Esq., C.I.E.

Mrs. E. M. BRUCE

A. EASTWOOD, Esq., (*from 8.6.67*)

E. ELLISON, Esq.

J. E. FITZSIMMONS, Esq.

S. GLOVER, Esq.

C. HALLIDAY, Esq.

T. G. HARRISON, Esq., J.P.

B. HODGSON, Esq.

Mrs. N. HOLLEY

H. HUNT, Esq., J.P.

T. JACKSON, Esq.

L. G. JENNINGS, Esq.

W. H. LIGHTFOOT, Esq.

Mrs. M. MARTIN

L. A. MURRAY, Esq.

G. E. PAILIN, Esq., J.P.

W. T. PRESCOTT, Esq.

G. B. ROBINSON, Esq., J.P.

G. SMITH, Esq.

R. THORNTON, Esq.

H. TRAVIS, Esq., J.P.

F. WHITWORTH, Esq.

A. WILLIAMS, Esq., J.P. (*from 16.10.67*)

P. WORTH, Esq.

E. WRIGHT, Esq., M.B.E., J.P.

Members appointed by :

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F. GIBSON, Esq., J.P.

Lancashire Urban District Councils Association :

J. O. RILEY, Esq.

Mrs. A. SMITH, J.P.

Lancashire Branch of Rural District Councils Association :

A. PARKER, Esq.

J. PRESTON, Esq., J.P.

Lancashire Executive Council :

Mrs. L. B. LEWIS, O.B.E.

A. WALTON, Esq., J.P.

Lancashire Local Medical Committee :

DR. H. SOUTHWORTH

Voluntary Organisations for the Care of Old People :

Mrs. E. A. CHRISTIAN-FLETCHER,
M.B.E.

J. S. JACKSON, Esq.

Mrs. N. M. HOWARD, J.P.

COUNTY HEALTH STAFF (As at 31st December, 1967)

(Jointly with School Health Service)

County Medical Officer of Health and Principal School Medical Officer :

S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Q.H.P., Barrister-at-Law

Deputy County Medical Officer and Deputy Principal School Medical Officer :

C. H. T. WADE, B.Sc., M.D., Ch.B., D.P.H.

Principal Senior Medical Officers:

IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H., D.P.H.

J. M. V. PACKER, M.B., Ch.B., D.P.H.

J. G. A. S. WILLIAMSON, M.D., Ch.B., D.P.H.

Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	D. H. GAWTH, M.R.C.S., L.R.C.P., D.P.H. S. B. DARBISHIRE, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P.
2	R. W. FARQUHAR, B.Sc.(Agric.), M.B., Ch.B., D.P.H.	MARGARET J. BOND, M.B., Ch.B. W. R. FALCONER, M.B., Ch.B., D.P.H. †H. P. FERRER, M.B., Ch.B., D.P.H. *KATHERINE A. MERCER, M.B., Ch.B. PATRICIA M. O'CONNOR, B.A., M.B., B.Ch., B.A.O., L.M. *JANET E. PENHALE, M.B., B.S., M.R.C.S., L.R.C.P. *ELIZABETH M. ROBERTSON, M.B., Ch.B. MARGARET M. TIMPANY, M.B., Ch.B., D.P.H. BRIDIE O. WILSON, M.B., Ch.B., D.Obst.R.C.O.G. *SIDNEY L. WRAY, B.A., M.B., B.Ch., B.A.O.
3	J. E. MORRIS, B.Sc., M.B., B.Ch., D.C.H., D.P.H., D.I.H.	*KATHLEEN BALL, M.B., Ch.B. †E. A. R. BERKLEY, T.D., M.R.C.S., L.R.C.P. J. R. BROWN, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. J. L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M. E. J. HUNT, M.B., B.S., D.P.H. SHEILA P. PARKER, M.B., Ch.B.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	*ELIZABETH E. BIRD, B.A., M.B., B.Ch., B.A.O. DORIS J. BLACK, B.A., M.B., B.Ch., B.A.O. *DILYS K. DAVIES, M.B., B.S., D.P.H. D. J. DOHERTY, M.B., Ch.B., D.P.H. *MARGARET FAIRCLOUGH, L.A.H. MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H. CATHERINE O. L. HOLT, M.B., Ch.B., D.Obst.R.C.O.G. *GILLIAN G. POOLE, M.B., B.Ch., D.Obst.R.C.O.G., D.C.H. †N. T. W. POVER, L.M.S.S.A., L.R.C.S., L.R.F.P.S., D.P.H. *JEAN ROBSON, M.B., Ch.B., D.C.H. MORFUDD E. THOMAS, B.Sc., M.B., B.Ch. *MARGARET WREN, M.B., B.S., D.C.H.
5	R. C. WEBSTER, T.D., B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	M. S. BLACKBOURN, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. MAUD M. FRANKLAND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. *MARGARET S. GISBOURNE, M.B., Ch.B. *D. HARRIS, M.B., B.Ch., B.A.O. J. HOUGHTON, M.B., Ch.B. JOSEPHINE M. M. O'REGAN, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. †SHEILA M. WHEELER, L.R.C.P., L.R.C.S., L.R.F.P.S., D.Obst.R.C.O.G., D.P.H. *PATRICIA M. WHITESIDE-JONES, M.B., Ch.B.

*Part-time.

†Senior Assistant Divisional Medical Officer.

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
6	J. V. DYER, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	*A. BARLOW, M.B., Ch.B. MARGOT G. DUNLOP, B.Sc., M.B., Ch.B. MARGARET W. SEYMOUR, M.B., Ch.B. HELEN M. TURNER, M.R.C.S., L.R.C.P. *D. G. WILLIAMS, M.B., Ch.B., D.Obst.R.C.O.G.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	JEANNETTE DIAMOND, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. O. EDWARDS, M.B., Ch.B., D.P.H. T. M. C. LINDSAY, M.B., B.S., D.P.H. KATHLEEN M. NICHOLSON-SMITH, M.B., Ch.B., D.P.H. †J. O'GORMAN, M.B., B.Ch., B.A.O., D.P.H. ELIZABETH J. SUTTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H.
8	J. H. M. ROBERTSON, M.B., Ch.B., D.P.H.	*R. D. CHOUDHURY, M.R.C.S., L.R.C.P., D.P.H., D.I.H., D.M.J. *G. A. FULTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. *R. F. B. HOWARTH, M.B., B.Ch., B.A.O. THELMA M. MORGAN, L.M.S.S.A., L.M.C.C. S. NAYLOR, B.Sc., M.B., Ch.B., D.P.H. *LOIS M. RYAN, M.B., Ch.B. *MARGARET J. L. TEMPLE, M.B., Ch.B., M.R.C.S., L.R.C.P.
9	F. W. BUNTING, <i>M.B.E.</i> , M.D., Ch.B., D.P.H.	*MARGARET P. GARDINER, M.B., B.Ch., B.A.O., D.Obst.R.C.O.G., D.C.H., D.P.H. *E. J. HAYES, M.B., Ch.B. MARY F. KNIGHT, M.B., Ch.B., D.C.H. MARY C. MANGAN, M.B., B.Ch., B.A.O., L.M. J. F. MCGOVERN, M.B., M.Ch., B.A.O., D.P.H. MARY K. MCLOUGHLIN, M.B., Ch.B. *MOIRA S. MELLOR, M.B., Ch.B., D.C.H. K. OLDRYD, M.B., Ch.B.
10	R. ELLIS JONES, M.B., Ch.B., D.P.H.	*GERALDINE M. H. ELLIS, M.B., Ch.B. BESSIE HOWARTH, M.B., Ch.B. EVANGELINE T. MORAHAN-SMIDDY, M.B., B.Ch., B.A.O. J. C. UDECHUKU, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.T.M. & H., D.P.H.
11	E. TAYLOR, M.B., Ch.B., D.P.H.	PATRICIA F. D. ANDERSON, L.R.C.P., L.R.C.S., L.R.F.P.S. MARGARET BISHOP, M.B., B.S. JEAN M. DESMOND, M.A., M.B., Ch.B., D.P.H. †P. G. HOLT, M.B., Ch.B., D.P.H. SHEILA L. MCKINLAY, M.B., Ch.B., D.C.H. MARGARET C. RICHARDS-JONES, M.B., B.Ch. J. S. WILLMAN, M.B., B.Ch., B.A.O.
12	T. SEYMOUR JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	*MARY T. C. BRENNAN, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. †A. B. DAVIES, M.B., B.Ch., D.P.H. E. DESMOND, M.B., B.Ch., B.A.O., L.M., D.P.H. *BERYL EDGECOMBE, M.B., Ch.B., D.P.H. *SHEILA M. FOSTER, M.B., Ch.B., D.C.H. P. LEE, B.Sc., M.B., Ch.B. *JOAN E. MADDISON, M.B., B.S. J. V. MAHER, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. *P. G. MANN, M.R.C.S., L.R.C.P. PEARL P. TETLOW, M.B., Ch.B., D.Obst.R.C.O.G. *CECILIA F. G. WILD, M.B., Ch.B., D.P. 卐

* Part-time.

† Senior Assistant Divisional Medical Officer.

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
13	A. N. PICKLES, M.B., Ch.B., D.P.H.	BERYL A. BARLOW, M.B., Ch.B., D.P.H. MARGARET A. FEENY, M.B., B.Ch., B.A.O., L.M., D.P.H. T. I. V. FERGUSON, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. *M. HARRINGTON, M.B., B.Ch., B.A.O. *E. TIERNEY, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.
14	G. R. BRACKENRIDGE, M.B., Ch.B., D.P.H.	*S. ADLER, M.B., Ch.B., M.R.C.S., L.R.C.P. *MONICA B. BUCKLEY, M.B., Ch.B., D.C.H. †JOAN M. CURTIS, M.B., Ch.B., D.P.H. KATHLEEN CURTIS, M.R.C.S., L.R.C.P. SUSAN HETHERINGTON, M.B., Ch.B., D.P.H. T. W. SHERRATT, M.R.C.S., L.R.C.P., L.D.S.
15	W. J. ELWOOD, M.B., B.Ch., B.A.O., D.P.H.	J. F. CAWLEY, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. *JOYCE CHALMERS, M.B., B.S., M.R.C.S., L.R.C.P. R. GARDNER, M.R.C.S., L.R.C.P. L. M. MAYER-JONES, M.R.C.S., L.R.C.P. *ROSEMARY A. MAYER-JONES, M.B., Ch.B., D.Obst.R.C.O.G. V. R. RAO, B.Sc., M.B., B.S., D.P.H. †W. G. RHYS-JONES, M.A., B.M., B.Ch., L.M.S.S.A., D.P.H. *OLIVE M. THOMAS, M.B., Ch.B., D.P.H. *JEAN H. WARD, M.B., B.S.
16	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	†MARJORIE T. DARE, M.B., Ch.B., D.P.H. J. S. FARRIES, M.R.C.S., L.R.C.P., D.A., D.Obst.R.C.O.G., D.P.H. *FIONNUALA KENNEDY, M.B., B.Ch., B.A.O. ALICJA M. KUFFEL, L.A.H., M.B., B.Ch., B.A.O.
17	E. J. H. FOSTER, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.	HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. PAULINE BLOCKEY, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. *MARGARET E. BURNS-PRICE, M.B., Ch.B., D.P.H. CHRISTINE P. HOBSON, M.B., Ch.B., D.Obst. R.C.O.G. *NUALA W. KENYON, M.B., B.Ch., B.A.O. *C. A. O'CONNOR, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

* Part-time.

† Senior Assistant Divisional Medical Officer.

Delegate District	Medical Officer	Assistant Medical Officers
Crosby M.B.	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	J. B. CLARKE, M.R.C.S., L.R.C.P., D.Obst. R.C.O.G. *CATRIONA M. MAISELS, M.B., Ch.B., D.P.H. IRENE W. SIMPSON, M.B., Ch.B., D.P.H.
Huyton-with-Roby U.D.	F. W. BUNTING, M.B.E., M.D., Ch.B., D.P.H.	*ELIZABETH M. JOHNSON, M.B., Ch.B., D.Obst.R.C.O.G., D.C.H. *NORA W. MARSHALL, M.B., B.S. *ENID PARRY, M.B., Ch.B., D.P.H. MARY PILLING, M.R.C.S., L.R.C.P., C.P.H. *LUCY M. SUTCLIFFE, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
Middleton M.B.	G. R. BRACKENRIDGE, M.B., Ch.B., D.P.H.	NANCY M. BROOK, M.B., Ch.B., D.P.H. J. B. MACMAHON, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.
Stretford M.B.	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	PHOEBE J. M. ARMSTRONG, B.Sc., M.B., B.Ch., C.P.H.

* Part-time

Principal School Dental Officer :

L. B. CORNER, L.D.S., R.C.S.(Edin.)

Area Dental Officers :

T. A. M. ASHMAN, L.D.S.
 A. C. CRAWFORD, L.D.S., R.C.S.
 G. ENTWISLE, L.D.S.
 J. L. HALTON, L.D.S.
 J. F. HIGSON, B.D.S.
 A. JONES, L.D.S., R.C.S.

L. A. JONES, L.D.S.
 E. M. LONGTON, L.D.S., R.C.S.
 G. K. TAYLOR, L.D.S., R.C.S.
 A. D. TORRY, L.D.S.
 C. R. WHEELER, L.D.S.
 BERTHA D. WORSWICK, B.D.S.

Dental Officers :*Whole-time :*

T. N. ASHALL, L.D.S.
 JOAN M. BULLOUGH, L.D.S.
 MARGARET E. CALDWELL, L.D.S.
 MARGARET CLARK, L.D.S.
 J. B. CLUNAN, B.D.S.
 R. A. COLLINS, L.D.S.
 J. B. COONEY, L.D.S.
 E. CROSBIE, L.D.S.
 F. J. W. DEWHURST, L.D.S.
 A. H. ELLAM, L.D.S., B.D.S., F.D.S., R.C.S.
 G. R. FAIRCLOUGH, L.D.S.
 S. GOLDMAN, L.D.S.
 J. GREENHALGH, L.D.S.
 L. B. HALL, L.D.S.
 J. S. HIGHAM, B.D.S.

N. P. HILTON, L.D.S.
 P. J. KENYON, B.D.S.
 W. A. LINNELL, L.D.S.
 W. R. LORD, L.D.S.
 H. MUNGUR, L.D.S., R.C.S.
 W. F. NEWMAN, L.D.S.
 K. S. NUNN, B.D.S.
 KATHLEEN PLATT, L.D.S.
 G. S. PRENTICE, L.D.S.
 B. H. REID, L.D.S.
 MARGARET E. ROBINSON, L.D.S.
 D. W. ROSE, B.D.S., R.C.S.
 H. V. O. TRENBATH, L.D.S.
 K. WOODS, L.D.S., B.D.S.

Part-time :

A. G. ADDINSELL, L.D.S.
 A. BESWICK, B.D.S.
 R. H. BINGHAM, L.D.S.
 DOROTHY A. CARSON, L.D.S.
 R. J. CARSON, L.D.S.
 MARJORIE R. CRAVEN, L.D.S.
 P. F. CUNNINGHAM, L.D.S.
 R. DANNOUS, STAT. EXAM.
 ELISABETH A. DURANT, L.D.S.
 A. M. FLETT, L.D.S.
 PATRICIA A. GARNETT, B.D.S.
 H. GAUNT, B.Ch.D.
 R. B. GELDEARD, L.D.S.
 CATHERINE T. M. GREEN, L.D.S.
 W. P. HAMER, L.D.S., B.D.S.
 K. HEYS, L.D.S.
 SUSAN J. HILL, B.D.S.
 A. HODGKINSON, L.D.S.
 T. S. HOLT, L.D.S.
 CLAIRE C. KEARNEY, B.D.S.
 L. LEVER, L.D.S.
 BERYL LEVY, B.D.S.
 ISOBEL C. MACKIE, L.D.S.

R. MARSHALL, B.D.S.
 K. MATSON, L.D.S., R.C.S.
 KATHLEEN R. MAXFIELD, L.D.S.
 K. E. METCALF, L.D.S.
 IRENE MICHAEL, L.D.S., R.C.S.
 H. B. NYMAN, L.D.S.
 P. J. OLIVER, B.D.S.
 M. C. N. O'SULLIVAN, B.D.S.
 J. POLLOCK, L.D.S.
 J. G. POWELL, B.D.S.
 EVELYN PURSLOW, B.D.S.
 MAGGIE ROBINSON, L.D.S.
 P. D. ROBINSON, L.D.S.
 L. S. SELWYN, L.D.S.
 A. F. SHEFF, L.D.S.
 D. SHERWIN, B.D.S.
 R. P. SOUTHWORTH, B.D.S.
 ANGELA V. STERNDAL-BENNETT, B.D.S.
 ANNIE H. TYLDESLEY, B.D.S.
 ELIZABETH M. WALSH, L.D.S.
 GILLIAN J. WEST, B.D.S.
 FRED A. WILLIAMS, L.D.S.
 MARIA WOODS, L.D.S.

Chief Lay Administrative Officer :

F. V. ROBINSON

Welfare Services Organiser :

G. A. ROYLE, LL.B., B.Com., D.M.A., A.C.I.S.

Ambulance Service Organiser :

A. ORTON, *M.B.E.*

County Public Health Officers :

A. KEWLEY

D. B. SOUTHWORTH

R. K. TAYLOR

K. WALMSLEY

Supervisor of Midwives :

MISS M. LEES

Superintendent Health Visitor and School Nurse :

MISS P. C. L. GOULD

Superintendent of Home Nurses :

MISS L. JONES, *M.B.E.*

County Analyst :

A. C. BUSHNELL, F.R.I.C.

REPORT OF THE MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1967

To the Chairman and Members of the Lancashire County Council.

I have the honour of presenting for your consideration the seventy-ninth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1967, together with the vital statistics relative to that period.

The population of the Administrative County increased once again and at mid-year was estimated to be 2,396,000 or 29,980 more than in 1966. Of this increase only 12,875 were accounted for by the excess of live births over deaths.

For the third year in succession there was a reduction, though only slight, in the number of live births but even without adjustment to allow for the age/sex structure of the population the birth rate was higher than that for the country as a whole. For the ninth consecutive year the proportion of births which were illegitimate again rose and reached the highest post-war level of 6.56 per cent.

There was a fall in the number of stillbirths registered—from 722 to 671 and the corresponding rate per 1,000 total births fell to a new low level of 15.7.

The total death rate at all ages was 12.18 per 1,000 population or 0.55 less than in the previous year. Mortality amongst the under-fives fell to 4.55 per 1,000—the lowest rate ever recorded. Deaths attributable to all forms of heart disease, whilst forming 34.4 per cent. of all deaths, produced a rate of 4.18 per 1,000 population which was the lowest recorded since 1959. Cancer accounted for 5,276 deaths, i.e., over 18 per cent. of the total and the rate of 2.20 per 1,000 population, although less than that for England and Wales, was the highest yet recorded for the Administrative County. This was attributable in part only to lung cancer—other sites showing substantial rises also.

The maternal mortality rate was almost halved compared with 1966—the six deaths, five less than in the previous year, being equivalent to a rate of only 0.14 per 1,000 total births, well below the provisional figure of 0.20 for the whole country.

Although the 840 infant deaths were, in fact, one less than in 1966, the live births to which they were related were 200 fewer, thus producing a mortality rate of 20.0 per 1,000, which was 0.1 per 1,000 above the rate for the previous year. Neo-natal deaths accounted for over 71 per cent. of the infant deaths. The peri-natal mortality rate of 28.1 per 1,000 total births was the lowest since this rate was first introduced in 1959.

The most striking features of the incidence of infectious diseases were the rise in cases of whooping cough from 1,091 to 2,179—the highest number since 1960; the considerably increased incidence of dysentery, the notifications of which rose from 924 to 2,405—a figure last exceeded in 1962; for the fifth successive year the freedom of the Administrative County from diphtheria; and the record low level of only one case of poliomyelitis. Two deaths occurred from whooping cough and four from measles.

The incidence of respiratory tuberculosis fell from 490 cases in 1966 to 455 in 1967, with a corresponding reduction in the attack rate from 0.21 to 0.19 per 1,000 population—a new low record. Non-respiratory cases increased by two to 82 and the attack rate remained at 0.03 per 1,000 population. Both these rates were, however, below the corresponding rates of 0.23 and 0.04 respectively for England and Wales. A new low record of mortality was achieved for both respiratory and non-respiratory tuberculosis, the respective rates being 0.36 and 0.03 per 10,000 population as compared with 0.51 and 0.06 for the previous year. These, too, were 0.01 and 0.02 below the national figures.

Considerable development took place with regard to the establishment of health centres and by the end of the year several firm projects were in hand and a tentative programme involving some 26 premises over the next three years had been drawn up.

Whilst the County Council extended their policy of making grants to the Family Planning Association for cases referred to their clinics on medical grounds to include those referred by general practitioners, any extension of the Family Planning Service to include “social” cases as permitted by the National Health Service (Family Planning) Act, 1967, was still under consideration at the end of the year.

There was again a fall in the number of domiciliary confinements attended by County Council midwives and nurse-midwives and the proportion of institutional births assigned to the County was 78.2 per cent. This was matched by an increased number of early discharges from hospital calling for domiciliary care by the midwives. It would appear from information analysed on the basis of the accepted criteria for the booking of domiciliary confinements, that fewer women who should properly be confined in hospital are having their babies at home.

Difficulties in recruitment continue to hamper the work and development of the health visiting service. Despite this a considerable amount of work continues to be done over a very wide field. Educational work, attachment and liaison schemes with general practitioners and co-operation with hospital staffs were further developed during the year and considerable attention was given to training and refresher courses.

Expansion of the home nursing service continued and the number of cases attended again showed a substantial increase. Progress was again made in the development of schemes of attachment to the practices of general practitioners and these are being found of benefit to all concerned.

With improved laboratory facilities the service for the examination of cervical smears was extended throughout the County area in 1967. Out of a total of 18,777 first smears and 1,387 repeat smears taken, 79 were found to be positive—an incidence rate of 4.2 per 1,000 women from whom smears were taken.

The chiropody service continued to expand and 31 additional clinics were opened during the year. Similarly, an increase in the number of cases afforded home help was again recorded, although, despite the employment of additional staff, the hours devoted to each case once again showed a decrease.

Compared with the previous year the number of mentally disordered children and adults in care showed an increase of just over four per cent. Two new junior mental health training centres were brought into operation during 1967 and nine training centres (7 adult and 2 junior) together with nine hostels (8 adult and 1 junior) were under construction at the end of the year. Extensions at three adult training centres were also completed and brought into use during the year. Negotiations were completed by the end of the year for the establishment at Haslingden of a group home similar to that at Chorley, which was established in 1966 for the accommodation of four women residents from psychiatric hospitals or adult hostels whilst they re-adjust to ordinary life and find work and lodgings.

Although four new homes for the aged were opened during the year providing 204 additional places the waiting list rose from 1,080 to 1,171. Work was completed at two further homes and four others were in course of construction. There was an increase of 540 units of sheltered housing for the aged provided by district councils and grant-aided by the County Council. When all the schemes approved to date are operative, sheltered housing will have been provided for almost 4,000 persons. At the end of the year 70 of the 109 local authorities were operating sheltered housing accommodation in co-operation with the County Council.

In 1967 agreement was reached with the Lancashire Associations of County District Councils whereby they recommended their member authorities to offer at least one house over the next few years as intermediate accommodation for homeless people who become the responsibility of the County Council as Welfare Authority. There was during the year a substantial rise in the number of such houses made available and at the end of the year 42 houses had been so provided by 24 district councils.

Specially designed or adapted vehicles for the conveyance of severely handicapped persons are now operating in eight of the Health Divisions. Plans were developed during the year for a number of social and occupational centres for the physically handicapped to be set up in various parts of the County. Plans for the County Council's second hostel for the physically handicapped to be erected at Swinton also reached an advanced stage.

It is not, of course, possible in a short introduction to do other than mention briefly some of the more outstanding features of the year's work. Reference to the body of the Report will, however, reveal in detail the progress made during the year and show how the policies adopted are having the desired beneficial effect upon the health and welfare of the population of the Administrative County.

In conclusion, I gratefully acknowledge the help received from the staff of the Department—both central and divisional—and would once again express my thanks to the members of the Public Health and Housing Committee and the Health Committee for their continued encouragement and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,
East Cliff County Offices,
Preston.
October, 1968.

VITAL STATISTICS

Physical features and general character of the County.—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire and on the west by the Irish Sea. The north-western portion of the County—the peninsulas of Furness and Cartmel, physically a part of the Lake Country—is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton in the south-east, is roughly 80 miles and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts, varying between 10 and 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Conistone Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to more than 2,500 feet. The highest point south of Morecambe Bay is at Greysarth, Leek, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portions are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Conistone (the third largest lake in England) and Esthwaite. Two thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred on engineering and allied trades, textile works, mining and quarrying.

Area of Administrative County.—No changes of boundary affecting the areas of the Administrative County or its constituent districts occurred during 1967. In terms of land and inland water together, exclusive of tidal water and foreshore, the area of the Administrative County at the 31st December, 1967, remained therefore at 1,033,002 acres.

The acreage of each County district in accordance with the County Report on the Census, 1961, as adjusted for any subsequent boundary alteration, is given in Table 2, pages 138 to 145.

Population of Administrative County.—Estimates of home population include members of British, Commonwealth and foreign armed forces stationed in the area, but not members of the armed forces stationed outside England and Wales. In compiling the local estimates undergraduates in residential colleges of universities, pupils in boarding schools, patients in psychiatric hospitals and persons in similar institutions are treated generally as part of the population of the area in which the institution is situated, but patients in general hospitals, convalescent homes and similar institutions are generally included in the population of the area of their normal place of residence.

The Registrar General's estimate of the home population of the Administrative County at the 30th June, 1967, was 2,396,000, an increase of 29,980 over the estimate for the previous year. Compared with the Census enumeration of 1961, as adjusted for subsequent boundary alterations, the estimate for 1967 was greater by 197,645. The *natural* increase in population during the year (i.e., the excess of live births over deaths) was 12,875, an increase of 739 as compared with the corresponding figure for the previous year. As was noted in 1966, the contribution made by the excess of live births over deaths to the total population growth was in 1967 again less than a half of that attributable to inward migration.

The tabular statement below records the estimated populations of the Administrative County, the aggregate urban districts and the aggregate rural districts for each of the last 20 years together with the annual increase or decrease. No adjustments have been made for such boundary alterations as may have taken place during the period.

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1948	2,007,150	+ 47,990	1,719,667	+ 35,537	287,483	+ 12,453
1949	2,035,380	+ 28,230	1,734,877	+ 15,210	300,503	+ 13,020
1950	2,047,010	+ 11,630	1,743,282	+ 8,405	303,728	+ 3,225
1951	2,039,000	— 8,010	1,731,000	— 12,282	308,000	+ 4,272
1952	2,042,000	+ 3,000	1,730,000	— 1,000	312,000	+ 4,000
1953	2,044,400	+ 2,400	1,729,500	— 500	314,900	+ 2,900
1954	2,051,000	+ 6,600	1,747,000	+ 17,500	304,000	— 10,900
1955	2,068,000	+ 17,000	1,756,800	+ 9,800	311,200	+ 7,200
1956	2,091,000	+ 23,000	1,768,000	+ 11,200	323,000	+ 11,800
1957	2,110,000	+ 19,000	1,777,000	+ 9,000	333,000	+ 10,000
1958	2,129,000	+ 19,000	1,827,000	+ 50,000	302,000	— 31,000
1959	2,151,000	+ 22,000	1,843,000	+ 16,000	308,000	+ 6,000
1960	2,175,950	+ 24,950	1,862,800	+ 19,800	313,150	+ 5,150
1961	2,206,190	+ 30,240	1,882,530	+ 19,730	323,660	+ 10,510
1962	2,237,810	+ 31,620	1,904,000	+ 21,470	333,810	+ 10,150
1963	2,268,060	+ 30,250	1,923,230	+ 19,230	344,830	+ 11,020
1964	2,291,680	+ 23,620	1,935,430	+ 12,200	356,250	+ 11,420
1965	2,326,890	+ 35,210	1,958,590	+ 23,160	368,300	+ 12,050
1966	2,366,020	+ 39,130	1,979,100	+ 20,510	386,920	+ 18,620
1967	2,396,000	+ 29,980	1,999,010	+ 19,910	396,990	+ 10,070

Note : Non-civilians excluded for year 1948.

AVERAGE POPULATION DENSITIES.—The following table gives the area, population, persons per acre and acres per person of the Administrative County as constituted on the 31st December, 1967, distributed among the non-county boroughs and the urban and rural districts :—

		* Area in acres 31.12.1967	Population		Persons per acre	Acres per person
			Census, 1961	Estimated home population mid-1967	Calculated on estimated home population	
Municipal Boroughs (26)	...	125,118	902,260	903,920	7.22	0.14
Urban Districts (69)	... ..	254,622	973,029	1,095,090	4.30	0.23
Rural Districts (14)	... ..	653,262	323,066	396,990	0.61	1.65
Administrative County (109)	...	1,033,002	2,198,355	2,396,000	2.32	0.43

* As supplied by Ordnance Survey Department and given to the nearest acre.

Summary of Vital Statistics, 1889-1967.—The following table compares the County birth and death rates for the year 1967 with the previous year, and with the 78 years, 1889-1966, grouped in quinquennial periods :—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 <i>total</i> (live and still) births	Rate of deaths under one year per 1,000 live births
	Live birth rate	Crude death rate	Death rate from tuberculosis of respiratory system	†Death rate from cancer		
Mean of 5 years —						
1889-1896 (8 years)	30.14	18.59	*1.33	—	—	157
1897-1901	27.30	17.02	1.09	—	—	167
1902-1906	25.84	14.99	0.88	0.64	—	141
1907-1911	23.55	14.11	0.87	0.75	—	126
1912-1916	20.90	14.27	0.90	0.94	—	111
1917-1921	18.53	14.06	0.87	1.09	—	93
1922-1926	16.68	12.54	0.69	1.22	—	81
1927-1931	14.21	12.67	0.58	1.40	—	72
1932-1936	13.32	12.58	0.49	1.52	4.87	63
1937-1941	14.27	13.20	0.43	1.61	3.80	58
1942-1946	17.39	12.83	0.40	1.83	2.24	49
1947-1951	16.64	12.84	0.32	1.89	1.03	38
1952-1956	14.60	12.54	0.16	2.04	0.97	28
1957-1961	16.66	12.85	0.08	2.12	0.47	25
1962-1966	18.26	12.52	0.05	2.13	0.31	22
Year—						
1966	17.86	12.73	0.05	2.19	0.26	19.9
1967	17.55	12.18	0.04	2.20	0.16	20.0
Increase or decrease in 1967 on—						
Mean of 5 years, 1962-66	—0.71	—0.34	—0.01	+0.07	—0.15	—1.7
Previous year ...	—0.31	—0.55	—0.01	+0.01	—0.10	—0.1

*Seven years. † Includes, from 1950, deaths from Hodgkin's disease, leukaemia and aleukaemia.

Note : The death rates given in this Report for the County area and for the County districts are (except where otherwise stated) "unweighted" or "crude" rates, i.e., they are neither "standardised" nor "corrected."

Principal Vital Statistics relating to Mothers and Infants.—In accordance with the requirements of the Ministry of Health certain statistics for 1967 relating to mothers and infants are set out below :—

Total live births registered	...	...	...	...	...	42,047
Live birth rate per 1,000 population—crude	...	...	...	...	...	17.55
Live birth rate per 1,000 population—adjusted	...	...	...	...	...	18.07
Proportion (per cent.) of illegitimate live births to total live births	...	...	...	...	...	6.56
Total stillbirths registered	...	...	...	...	...	671
Stillbirth rate per 1,000 <i>total</i> births	...	...	...	...	...	15.7
Total live births and stillbirths	...	...	...	...	...	42,718
Total infant deaths (under one year) registered	...	...	...	...	...	840
Infant mortality rate per 1,000 live births	...	...	...	...	...	20.0
Mortality rate of legitimate infants per 1,000 legitimate live births	...	...	...	...	...	19.4
Mortality rate of illegitimate infants per 1,000 illegitimate live births	...	...	...	...	...	28.3
Neo-natal mortality (deaths under four weeks) rate per 1,000 live births	...	...	...	...	...	14.3
Early neo-natal mortality (deaths under one week) rate per 1,000 live births	...	...	...	...	...	12.6
Perinatal mortality (stillbirths and deaths under one week) rate per 1,000 <i>total</i> births	...	...	...	...	...	28.1
Total maternal deaths (including deaths from abortion)	...	...	...	...	...	6
Maternal mortality rate per 1,000 <i>total</i> births	...	...	...	...	...	0.14

Births and Birth Rates.—**LIVE BIRTHS.**—The number of infants born alive in 1967 to mothers normally resident in the Administrative County area was 42,047. The total was 200 less than the figure recorded in 1966. The sex distribution of the infants is shown below, together with the corresponding figures for each of the previous 10 years:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1957	14,467	13,772	28,239	2,833	2,683	5,516	17,300	16,455	33,755
1958	15,063	14,301	29,364	2,578	2,481	5,059	17,641	16,782	34,423
1959	15,943	14,785	30,728	2,596	2,358	4,954	18,539	17,143	35,682
1960	16,295	15,460	31,755	2,789	2,593	5,382	19,084	18,053	37,137
1961	16,924	15,854	32,778	2,909	2,803	5,712	19,833	18,657	38,490
1962	17,865	16,963	34,828	3,114	2,973	6,087	20,979	19,936	40,915
1963	18,203	16,933	35,136	3,304	3,021	6,325	21,507	19,954	41,461
1964	18,653	17,425	36,078	3,457	3,265	6,722	22,110	20,690	42,800
1965	18,355	17,060	35,415	3,602	3,332	6,934	21,957	20,392	42,349
1966	18,206	17,178	35,384	3,587	3,276	6,863	21,793	20,454	42,247
1967	18,200	16,907	35,107	3,544	3,396	6,940	21,744	20,303	42,047

In 1967 the sex ratio of infants born alive was 1,071 males for each 1,000 females. This was again within the limits of 1,051 and 1,081 males for each 1,000 females in the period covered by the above table, but the proportion of males to females born in 1967 was slightly higher than the average of 1,068 males in the preceding five years.

The crude live birth rate for the Administrative County declined by 0·31 to 17·55 per 1,000 of the estimated home population in 1967. This was the third consecutive year in which the rate has fallen.

The number of registered live births assigned to each County district and the corresponding crude and adjusted rates are given in Table 2, pages 138 to 145. As a matter of interest the crude live birth rates of the Administrative County, the total urban districts and the total rural districts for the quinquennia since 1889 and for each of the last 51 years are given in Table 1, page 137.

Adjusted Birth Rates.—Birth rates are usually expressed as proportions of total populations which, comprising persons of all ages, include many who can have no influence on the reproductive process but do affect the birth rate in that a high proportion of them in the population of an area tends to lower, and a low proportion to raise, the rate of the area in relation to those of other areas. In order to nullify the effect of these variables and provide a basis for valid comparison of rates the Registrar General compiles and issues a comparability factor for each area. The adjusted birth rate resulting from the multiplication of the crude birth rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales. In the factors for 1957 and subsequent years an adjustment was made by the Registrar General to take account of the presence in each area of sterile population in institutions for the mentally ill or mentally subnormal.

The comparability factors for the Administrative County and its constituent districts are given in Table 3, page 146. The effect of the County factors upon the crude live birth rates for each of the last 10 years may be seen in the following table, which also includes the corresponding live birth rates for England and Wales.

			Live birth rate per 1,000 of the estimated home population									
			1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Urban Districts :												
Crude	...	...	16·17	16·67	17·05	17·41	18·29	18·27	18·64	18·08	17·88	17·56
Adjusted	...	...	16·49	16·84	17·05	17·41	18·29	18·82	19·20	18·62	18·41	18·26
Rural Districts :												
Crude	...	...	16·18	16·08	17·19	17·65	18·23	18·34	18·87	18·83	17·74	17·48
Adjusted	...	...	16·83	17·21	18·22	18·35	18·60	18·16	18·68	18·07	16·85	16·43
Administrative County :												
Crude	...	...	16·17	16·59	17·07	17·45	18·28	18·28	18·68	18·20	17·86	17·55
Adjusted	...	...	16·49	16·75	17·24	17·45	18·28	18·83	19·05	18·56	18·21	18·07
England and Wales			16·4	16·5	17·1	17·4	18·0	18·2	18·5	18·1	17·7	*17·2

* Provisional figure.

Illegitimate Live Births.—Particulars of the illegitimate live births registered during 1967 and assigned to the Administrative County are given below together with comparable figures for each of the preceding 10 years :—

Year	No. of illegitimate live births	Increase or decrease on previous year	Percentage increase or decrease on previous year	Percentage of total live births
1957	1,241	+101	+ 8.9	3.68
1958	1,142	— 99	— 8.0	3.32
1959	1,296	+154	+13.5	3.63
1960	1,365	+ 69	+ 5.3	3.68
1961	1,565	+200	+14.7	4.07
1962	1,840	+275	+17.6	4.50
1963	1,976	+136	+ 7.4	4.77
1964	2,173	+197	+10.0	5.08
1965	2,411	+238	+11.0	5.69
1966	2,510	+ 99	+ 4.1	5.94
1967	2,760	+250	+10.0	6.56

Despite the fact that in 1967 the total number of live births was lower than in the previous year, there was an increase of 250 in the number of births which were registered as illegitimate. The resultant illegitimacy ratio at 6.56 per cent. is the highest recorded in the post-war period. The percentage of illegitimate births to total live births increased for the ninth consecutive year.

STILLBIRTHS.—The number of stillbirths registered in 1967 was 671, being 51 fewer than the previous year. The stillbirth rate for the Administrative County declined to a new low record of 15.7 per 1,000 total births. This rate was 2.1 lower than the average rate for the preceding five years. The comparable provisional rate for 1967 for England and Wales was 14.8, which also constituted a new low record. Expressed in terms of home population the stillbirth rate for the Administrative County was 0.28 per 1,000 and that for the whole country, 0.26.

The stillbirth rate for each County district is given in Table 2, pages 138 to 145.

Deaths and Death Rates.—The number of deaths from all causes assigned to the Administrative County in 1967 was 29,172, a decrease of 939 over the total recorded for the previous year. Their distribution by sex is shown below, together with corresponding figures for each of the preceding five years:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1962	12,458	12,086	24,544	2,234	1,986	4,220	14,692	14,072	28,764
1963	12,427	12,133	24,560	2,204	2,011	4,215	14,631	14,144	28,775
1964	11,920	11,555	23,475	2,192	2,042	4,234	14,112	13,597	27,709
1965	12,316	12,022	24,338	2,199	2,016	4,215	14,515	14,038	28,553
1966	12,913	12,747	25,660	2,322	2,129	4,451	15,235	14,876	30,111
1967	12,418	12,325	24,743	2,286	2,143	4,429	14,704	14,468	29,172

The following table analyses by age group the deaths assigned to the Administrative County in each of the last 10 years:—

Year	Deaths in age periods										Total
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	
1958	881	122	128	191	1,062		6,618		7,635	10,715	27,352
1959	844	125	135	237	960		6,577		7,695	10,712	27,285
1960	929	144	123	181	970		6,661		7,470	10,802	27,280
1961	927	116	137	202	965		6,978		8,264	11,770	29,359
1962	984	126	132	206	995		6,883		7,916	11,522	28,764
1963	966	143	144	201	256	766	2,005	4,923	7,879	11,492	28,775
1964	916	126	151	243	263	757	1,933	4,893	7,503	10,924	27,709
1965	839	135	150	258	248	718	1,953	4,982	7,852	11,418	28,553
1966	841	152	144	265	272	714	1,952	5,153	8,237	12,381	30,111
1967	840	138	147	263	270	657	1,961	4,972	8,140	11,784	29,172

Of the total deaths 68·3 per cent. occurred at ages over 64 years and 40·4 per cent. at ages over 74 years. As was noted in the previous year, more than three-quarters (75·2 per cent.) of all females who died in 1967 had attained the age of 65 years or over and more than a half (50·2 per cent.) were aged 75 years or over. The respective proportions for males were again lower at 61·5 per cent. and 30·8 per cent. Mortality at all ages under five years fell slightly from the number recorded in the previous year, viz., from 4·67 to 4·55 per 1,000 children within the age group, the lowest rate ever recorded.

The separate causes to which the deaths in the age groups quoted in the above table were ascribed are shown in Table 5, page 152.

The 29,172 deaths assigned to the Administrative County in 1967 were equivalent to a crude rate of 12·18 per 1,000 of the estimated home population. This represented a decrease of 0·55 per 1,000 compared with the corresponding rate for the previous year and of 0·34 from the rate for the preceding five years, 1962-1966.

Adjusted Death Rates.—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death rates fail as comparative mortality indexes in that variations between them reflect not only a differing mortality experience but also a differing population constitution. It is therefore necessary to identify and allow for the population variable and in practice this is achieved by the calculation and supply to each area by the Registrar General of an area comparability factor. The adjusted death rate resulting from the multiplication of the crude death rate of an area by its comparability factor may be regarded as comparable with the adjusted rate of another area or with the crude rate for England and Wales. The comparability factor for each County district is given in Table 3 on page 146, whilst the crude and adjusted rates are shown in Table 2, pages 138 to 145. The effect of the County factors, also given in Table 3, may be seen in the following table which shows, for the Administrative County and for the urban and rural areas, both the crude and adjusted rates for each of the last 10 years. The death rates for England and Wales are also given.

	Death rate per 1,000 of the estimated population									
	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Urban Districts :										
Crude	12·95	12·80	12·55	13·40	12·89	12·77	12·13	12·43	12·97	12·38
Adjusted	13·99	14·08	13·93	15·01	14·44	14·05	13·34	13·30	13·74	13·24
Rural Districts :										
Crude	12·23	12·01	12·43	12·74	12·64	12·22	11·88	11·44	11·50	11·16
Adjusted	12·84	12·01	12·68	13·13	13·02	11·98	12·36	11·44	11·85	11·83
Administrative County :										
Crude	12·85	12·68	12·54	13·31	12·85	12·69	12·09	12·27	12·73	12·18
Adjusted	13·87	13·83	13·79	14·77	14·27	13·83	13·18	13·01	13·49	13·03
England and Wales	11·7	11·6	11·5	11·9	11·9	12·2	11·3	11·5	11·7	*11·2

* Provisional figure.

As a matter of interest the crude death rates for each of the last 52 years and the quinquennial averages since 1889 for the Administrative County and the aggregates of the urban and rural districts are given in Table 1, page 137.

PRINCIPAL CAUSES OF DEATH.—Between 60 and 70 per cent. of all deaths each year are classified to causes falling within three main groups—heart disease, cancer and vascular lesions of the nervous system. The relative importance of these and of the other principal causes of death in 1967 is shown in the following table :—

Cause of death	No. of deaths	Percentage of total deaths
Heart disease (all forms)	10,025	34·4
Cancer (including Hodgkin's disease, leukaemia and aleukaemia)	5,276	18·1
Vascular lesions of nervous system	4,335	14·9
Bronchitis	1,708	5·9
Pneumonia (including pneumonia of newborn)	1,526	5·2
Other circulatory disease	1,369	4·7
Violence (including all accidents, suicide and homicide)	1,276	4·4

A classified statement of the causes of death in 1967, by age group and sex, for the Administrative County and the aggregates of urban and rural districts is given in Table 5, pages 152 and 153. Details of the deaths in the various County districts, classified according to the Short List based by the Registrar General on the Seventh Revision of the International Lists, are given in Table 4, pages 147 to 151, and total deaths by sex are shown for each district in Table 2, pages 138 to 145.

More details of the chief causes of death are given in the following paragraphs under their respective headings.

HEART DISEASES.—The deaths classified to the heart diseases as grouped in the Registrar General's Short List and assigned to the Administrative County in 1967 are shown in the following table, together with the resultant death rates per 1,000 of the estimated home population and the corresponding figures for the previous five years.

Year	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Total— all forms	
	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate
1962	5,371	2·40	538	0·24	3,911	1·75	9,820	4·39
1963	5,551	2·45	493	0·22	3,696	1·63	9,740	4·29
1964	5,717	2·49	419	0·18	3,472	1·52	9,608	4·19
1965	6,138	2·64	428	0·18	3,432	1·47	9,998	4·30
1966	6,160	2·60	415	0·18	3,562	1·51	10,137	4·28
1967	6,272	2·62	422	0·18	3,331	1·39	10,025	4·18

In 1967, the rate of deaths from all forms of heart disease fell by 0·1 per 1,000 of the estimated home population from the rate for 1966 and at 4·18 represents the lowest rate recorded since 1959. The rates for "coronary disease, angina" and "other heart disease" which in 1966 showed movement against the general trend returned to the pattern of recent years. In the case of the former, although the rate in 1967 was higher by 0·02 per 1,000 than the corresponding rate for the preceding year, it was still below the rate for 1965 which represented a high record at 2·64 per 1,000 of the estimated home population. Mortality from "other heart disease" at 1·39 per 1,000 represented a new low level for this classification.

The following table shows the total deaths and equivalent rate from all forms of heart disease for the Administrative County in each of the past 20 years.

Year	No. of deaths	Crude death rate per 1,000 population	Year	No. of deaths	Crude death rate per 1,000 population
1948	7,148	3·56	1958	9,603	4·51
1949	8,328	4·12	1959	8,874	4·13
1950	9,145	4·47	1960	9,429	4·33
1951	9,543	4·68	1961	9,905	4·49
1952	8,579	4·20	1962	9,820	4·39
1953	8,326	4·07	1963	9,740	4·29
1954	8,772	4·27	1964	9,608	4·19
1955	9,017	4·36	1965	9,998	4·30
1956	8,948	4·28	1966	10,137	4·28
1957	9,051	4·29	1967	10,025	4·18

MALIGNANT NEOPLASMS, INCLUDING NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.—This group of causes is included in the Registrar General's Short List under the headings used in the table below, which gives particulars of deaths assigned to the Administrative County in each of the years 1962-67 :—

Year	Sex	Malignant neoplasm—				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Total— all forms
		Stomach	Lung, bronchus	Breast	Uterus			
1962	M.	410	861	5	—	1,164	69	2,509
	F.	300	144	400	210	1,063	66	2,183
	T.	710	1,005	405	210	2,227	135	4,692
1963	M.	384	915	3	—	1,143	77	2,522
	F.	300	167	466	201	1,066	58	2,258
	T.	684	1,082	469	201	2,209	135	4,780
1964	M.	375	942	5	—	1,175	72	2,569
	F.	336	156	417	201	1,115	43	2,268
	T.	711	1,098	422	201	2,290	115	4,837
1965	M.	407	993	9	—	1,230	67	2,706
	F.	302	186	415	201	1,122	64	2,290
	T.	709	1,179	424	201	2,352	131	4,996
1966	M.	398	997	3	—	1,289	84	2,771
	F.	346	180	434	210	1,174	56	2,400
	T.	744	1,177	437	210	2,463	140	5,171
1967	M.	387	1,014	5	—	1,298	80	2,784
	F.	291	223	461	187	1,271	59	2,492
	T.	678	1,237	466	187	2,569	139	5,276

The increase of 105 deaths from all forms of cancer in 1967 as compared with 1966 represented a rise in the mortality rate of 0·01 to 2·20 per 1,000 of the estimated home population. This was the highest rate ever recorded for the Administrative County being 0·01 per 1,000 more than the previous high rate of 2·19 per 1,000 for the years 1961 and 1966. The rate for the County was nevertheless 0·07 per 1,000 less than the provisional rate for 1967 for England and Wales. There was an increase in mortality from lung cancer to a new peak of 0·52 per 1,000 of the estimated home population in 1967. This was 0·01 higher than the previous high record of 0·51 per 1,000 in 1965. Increases too were recorded in the levels of mortality from malignant neoplasms of the breast by 0·01 to 0·19 per 1,000 and by 0·03 to 1·07 per 1,000 from other malignant and lymphatic neoplasms. There was a slight decline in the levels of mortality from malignant neoplasms of the stomach and uterus. The former rate declined by 0·03 to 0·28 per 1,000 whilst in the latter case the fall was of 0·01 to 0·08 per 1,000. The mortality rate from leukaemia, etc., remained unchanged.

The movement during the last 10 years of the crude cancer rates for the Administrative County and for its constituent grouped urban and rural areas is shown in the following table, together with the corresponding rates for England and Wales :—

Year	Mortality rate from cancer (all forms) per 1,000 of estimated home population			
	Urban Districts	Rural Districts	Administrative County	England and Wales
1958	2·11	1·91	2·08	2·12
1959	2·11	1·90	2·08	2·14
1960	2·15	1·90	2·11	2·16
1961	2·22	2·02	2·19	2·16
1962	2·09	2·12	2·10	2·18
1963	2·16	1·81	2·11	2·18
1964	2·15	1·88	2·11	2·21
1965	2·18	1·99	2·15	2·23
1966	2·22	2·01	2·19	2·25
1967	2·27	1·87	2·20	*2·27

* Provisional figure.

VASCULAR LESIONS OF THE NERVOUS SYSTEM.—Mortality ascribed to this cause group in 1967 was again comparatively low. The 4,335 deaths so classified and assigned to the Administrative County were 171 less than the corresponding total for the previous year, the resultant mortality rate of 1·81 per 1,000 of the estimated home population being 0·09 less than that for 1966 and 0·11 below the average for the preceding five years, 1962-66. Of the total deaths from all causes in 1967, vascular lesions of the nervous system accounted for 14·9 per cent. Nearly 83 per cent. of the deaths so classified were of persons aged 65 years or over.

BRONCHITIS.—The increase in mortality due to bronchitis amongst residents of the Administrative County area in 1966 was fortunately not repeated during 1967. The 1,708 deaths were 202 fewer than in 1966 and represented a rate of 0·71 per 1,000 of the estimated home population. This was 0·10 less than the corresponding rate for the previous year and 0·03 below the average for the preceding five years, 1962-66. Of the 1,708 deaths, which amounted to 5·9 per cent. of the total from all causes, 1,209 or 70·8 per cent. were of persons aged 65 years or over.

PNEUMONIA.—Mortality from pneumonia in the Administrative County was lower in 1967 than in the previous year when it was the highest for 29 years. The 1,526 deaths were 68 fewer than in 1966. Despite this fall the number of deaths was 146 above the average for the preceding five years 1962-66. The resultant rate was 0·64 per 1,000 of the estimated home population, which was 0·03 less than the rate for 1966. Of the 1,526 deaths which amounted to 5·2 per cent. of the total from all causes, 1,183 or 77·5 per cent. were of persons aged 65 years or over.

OTHER CIRCULATORY DISEASES.—In 1967 the number of deaths classified to this cause group which covers diseases of the circulatory system other than the heart diseases mentioned earlier, was 1,369—an increase of nine over the corresponding total for the previous year. The resultant rate of 0·57 per 1,000 of the estimated home population was equal to the rate for 1966. Persons aged 65 years and over accounted for 85 per cent. of the total deaths due to this group of causes.

VIOLENCE.—Deaths from violence are divided into four groups in the Registrar General's Short List of 36 Causes of Death—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. The deaths thus classified and assigned to the Administrative County in 1967 and the five preceding years are shown in the following table :—

Year	Motor vehicle accidents			All other accidents			Suicide			Homicide and operations of war			Total— all forms		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1962	210	85	295	274	326	600	181	114	295	10	1	11	675	526	1,201
1963	235	93	328	324	326	650	135	109	244	8	7	15	702	535	1,237
1964	287	122	409	297	355	652	165	117	282	6	6	12	755	600	1,355
1965	264	117	381	310	348	658	141	112	253	9	2	11	724	579	1,303
1966	290	108	398	275	360	635	157	112	269	10	6	16	732	586	1,318
1967	255	142	397	289	339	628	131	104	235	12	4	16	687	589	1,276

Mortality resulting from all forms of violence in the Administrative County corresponded in 1967 to a rate of 0·53 per 1,000 of the estimated home population. This was the lowest rate recorded since 1957. The 1,276 deaths were 42 less than in the previous year and were slightly less than the average for the preceding five years, 1962-66.

The number of deaths from suicide was 34 lower than in 1966, and the rate of 0·10 per 1,000 of the estimated home population was the lowest recorded since 1943. The rate for motor vehicle accidents at 0·17 per 1,000 corresponded with the rate for the previous year.

TRANSFERABLE DEATHS.— During the year under review, the following transfers were made—11,712 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided and these deaths (known as inward transfers) were assigned to their proper districts; 7,985 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

Maternal Mortality.—Although eight deaths were originally classified by the Registrar General to pregnancy, childbirth and abortion and assigned to the Administrative County in 1967, it was later found that, in the light of further information, two were not, in fact, classifiable to maternal causes. Whilst by then it was impracticable for the Registrar General to effect the necessary alterations in the national tabulations, these two deaths have been classified to other causes in the County records. The number of maternal deaths during 1967 was, therefore, six or five fewer than the corresponding total for the previous year. The resultant maternal mortality rate of 0·14 per 1,000 total births was the lowest on record, being 0·12 per 1,000 less than the previous record of 1966. The corresponding provisional rate for England and Wales was 0·20. Particulars of maternal mortality in the Administrative County and England and Wales in 1967 and each of the preceding 10 years are given in the following table:—

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	
1957	34,608	19	0·55	0·45
1958	35,243	16	0·45	0·43
1959	36,502	19	0·52	0·38
1960	37,990	17	0·45	0·39
1961	39,260	15	0·38	0·33
1962	41,738	16	0·33	0·35
1963	42,209	12	0·23	0·23
1964	43,574	13	0·30	0·25
1965	43,087	14	0·32	0·25
1966	42,969	11	0·26	0·26
1967	42,718	6	0·14	*0·20

* Provisional figure.

The causes of the 6 maternal deaths in 1967 are analysed in accordance with the International Lists in the following statement, which also shows the corresponding analysis for the previous year:—

Cause of death	No. of deaths	
	1966	1967
<i>Complications of pregnancy—</i>		
Toxaemias of pregnancy (642)	1	2
Ectopic pregnancy (645)	—	1
Other complications arising from pregnancy (648)	1	—
<i>Abortion—</i>		
Abortion with sepsis (651)	—	1
Abortion with toxaemia, without mention of sepsis (652)	1	—
<i>Delivery without mention of complication (660)</i>	1	1
<i>Delivery with specified complication—</i>		
Delivery complicated by other postpartum haemorrhage (672)	1	—
Delivery complicated by disproportion or malposition of foetus (674)	1	—
Delivery with other complications of childbirth (678)	—	1
<i>Complications of the puerperium—</i>		
Sepsis of childbirth and the puerperium (681)	1	—
Puerperal phlebitis and thrombosis (682)	2	—
Puerperal pulmonary embolism (684)	1	—
Puerperal eclampsia (685)	1	—
TOTAL—all causes		
11 ... 6		

Investigation of Maternal Deaths.—Under instructions of the Minister of Health each death of a woman which has any association with childbirth must be investigated and, in the County area, such investigations are carried out by the divisional medical staffs. A confidential report on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

Infant Mortality.—For the second year in succession there was an increase in 1967 in infant mortality assignable to the Administrative County. Although the 840 deaths at ages under one year were one less than the total for 1966, the live births to which they were related were fewer by 200 than in the previous year. The resultant mortality rate, at 20·0 per 1,000 live births, was therefore 0·1 per 1,000 above the rate for the previous year.

The following table shows the County, urban and rural infant death rates for 1967 and the preceding 10 years, together with those for England and Wales. All are rates per 1,000 live births registered during the year with the exception of that for England and Wales for 1967, which is based on *related* live births.

	Rate of deaths of children under 1 year per 1,000 live births										
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Urban Districts	25·3	25·5	23·8	25·4	24·9	24·9	24·1	21·2	20·0	20·5	20·2
Rural Districts	24·5	26·3	22·8	22·7	19·4	19·1	18·8	22·3	18·9	16·6	19·0
Administrative County	25·2	25·6	23·7	25·0	24·1	24·0	23·3	21·4	19·8	19·9	20·0
England and Wales	23·1	22·5	22·2	21·8	21·4	21·7	21·1	19·9	19·0	19·0	*18·3

* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available, is shown in Table 1, page 137.

MORTALITY OF ILLEGITIMATE INFANTS.—The following table shows the differential incidence of mortality during 1967 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County :—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legiti- mate infants	Illegiti- mate infants	Total	Legiti- mate infants	Illegiti- mate infants	Total	Legiti- mate infants	Illegiti- mate infants	Total
1962	24·7	29·4	24·9	18·8	28·9	19·1	23·8	29·3	24·0
1963	23·8	29·9	24·1	18·2	40·7	18·8	22·9	30·9	23·3
1964	20·9	26·7	21·2	21·7	40·2	22·3	21·0	28·1	21·4
1965	19·8	22·7	20·0	18·4	32·1	18·9	19·6	23·6	19·8
1966	19·9	30·1	20·5	16·2	28	16·6	19·3	29·9	19·9
1967	19·7	26·2	20·2	17·9	47·3	19·0	19·4	28·3	20·0

NEO-NATAL MORTALITY.—There were 600 deaths of infants at ages under four weeks—16 more than in 1966. For the second successive year there was a rise in the neo-natal mortality rate, which was 14·3 per 1,000 live births compared with 13·8 per 1,000 in the previous year. The neo-natal deaths accounted for 71·4 per cent. of the total infant deaths.

The neo-natal mortality rates for the Administrative County and the aggregates of the urban and rural districts for 1967 and each of the preceding 10 years are given in the following table together with the corresponding rates for England and Wales.

	Rate of deaths of children aged less than four weeks per 1,000 live births											
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	
Urban Districts	17·7	18·3	16·5	17·4	17·5	17·8	16·6	15·2	13·6	14·4	14·3	
Rural Districts	17·4	18·2	17·8	17·8	16·1	14·1	13·0	16·8	13·1	10·8	14·3	
Administrative County	17·6	18·2	16·7	17·5	17·3	17·2	16·1	15·4	13·5	13·8	14·3	
England and Wales	16·5	16·2	15·9	15·5	15·3	15·1	14·3	13·8	13·0	12·9	*12·5	

* Provisional figure.

EARLY NEO-NATAL MORTALITY.—The number of infants dying in 1967 during their first week of life was 529, an increase of 20 over the corresponding total for the previous year. The deaths formed 88·2 per cent. of the total neo-natal deaths and 63·0 per cent. of all infant deaths. The equivalent early neo-natal mortality rate of 12·6 per 1,000 live births was 0·6 per 1,000 above the rate for 1966, and exceeded the corresponding rate for England and Wales by 1·8.

CAUSES OF INFANT AND NEO-NATAL DEATHS.—A reference to Table 5, page 152, shows that the group classifications of the Registrar General's Short List of 36 Causes are unsatisfactory for the analysis of deaths at ages under one year, considerably more than a half of such infant deaths being shown to be due to "other defined and ill-defined diseases." A more satisfactory classification of the causes of infant and neo-natal mortality is available, however, from departmental records, although three factors operate against an exact agreement of the deaths analysed locally with those included in the Registrar General's analysis—(i) the local analysis relates to deaths *occurring* during the calendar year, the latter to deaths *registered*; (ii) the former analysis may be deficient in isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer; (iii) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back to the certifying practitioner cannot normally be made by the County authority in cases of inadequate certification.

Compared with the 529 early neo-natal, 600 neo-natal and 840 infant deaths registered in 1967 and assigned by the Registrar General to the Administrative County the local analyses show respective totals of 520, 590 and 826. These were classified by cause group as follows:—

Cause of death							Early neo-natal deaths		Neo-natal deaths		Infant deaths
Whooping cough	...	...	...	...	...	...	—	...	—	...	2
Meningococcal infection	...	...	...	...	...	...	—	...	—	...	2
Measles	...	...	...	...	...	...	—	...	—	...	2
Influenza	...	...	...	...	...	...	—	...	—	...	1
Pneumonia	...	...	...	...	...	...	15	...	31	...	108
Bronchitis	...	...	...	...	...	...	1	...	1	...	28
Other diseases of respiratory system	...	...	...	...	...	...	1	...	1	...	8
Gastritis, enteritis and diarrhoea	...	...	...	...	...	...	1	...	4	...	19
Congenital malformations...	...	...	...	...	...	...	101	...	129	...	177
Monstrosity	...	...	...	...	...	...	11	...	11	...	11
Spina bifida and meningocele	...	...	...	...	...	...	26	...	34	...	45
Congenital hydrocephalus	...	...	...	...	...	...	2	...	2	...	8
Others of nervous system and sense organs	...	...	...	...	...	...	3	...	3	...	3
Of circulatory system	...	...	...	...	...	...	30	...	45	...	68
Cleft palate and harelip	...	...	...	...	...	...	1	...	1	...	1
Of digestive system	...	...	...	...	...	...	2	...	4	...	5
Of genito-urinary system	...	...	...	...	...	...	5	...	6	...	9
Of bone and joint	...	...	...	...	...	...	3	...	3	...	3
Other	...	...	...	...	...	...	18	...	20	...	24
Birth Injuries	...	...	...	...	...	...	60	...	65	...	65
Intra cranial and spinal injury	...	...	...	...	...	...	32	...	37	...	37
Other	...	...	...	...	...	...	28	...	28	...	28
Post-natal asphyxia and atelectasis	...	...	...	...	...	...	109	...	111	...	112
Infections of the new born	...	...	...	...	...	...	7	...	8	...	8
Other diseases peculiar to early infancy	...	...	...	...	...	...	214	...	224	...	228
Haemolytic disease of newborn (erythroblastosis)	...	...	...	...	...	...	18	...	19	...	21
Haemorrhagic disease of newborn	...	...	...	...	...	...	4	...	5	...	5
Ill-defined diseases peculiar to early infancy	...	...	...	...	...	...	14	...	16	...	18
Immaturity, unqualified	...	...	...	...	...	...	178	...	184	...	184
All other causes	...	...	...	...	...	...	11	...	16	...	66
TOTAL—all causes							520	...	590	...	826

Particulars of the registered infant, neo-natal and early neo-natal deaths and death rates for each County district for the year 1967 are given in Table 2, pages 138 to 145.

Perinatal Mortality.—This term describes the total loss of new life shortly before, during and shortly after birth, represented by all stillbirths in combination with early neo-natal deaths. The perinatal mortality rate expresses the total of such events as a proportion of the total (live and still) births. The 671 stillbirths and 529 early neo-natal deaths in 1967 together represented a perinatal mortality rate of 28.1 per 1,000, the lowest on record. The provisional 1967 rate for England and Wales was 25.4 per 1,000 total births.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Smallpox.—For the fourteenth successive year no case of smallpox was notified within the Administrative County area.

Diphtheria.—In 1967, for the fifth successive year, there were no cases of diphtheria in the Administrative County area. No case has been notified amongst children since 1960.

Whooping Cough.—Notifications of cases of whooping cough in 1967 numbered 2,179. This was the highest figure recorded since 1960 and represented an attack rate of 0·9 per 1,000 of the estimated home population compared with 0·5 per 1,000 in the previous year. As in 1966 there were two deaths—both of unimmunised infants in their first year of life.

Measles (*excluding rubella*.)—The 17,102 cases of measles notified in 1967 were 6,181 less than in the previous year and were equivalent to an attack rate of 7·1 per 1,000 of the estimated home population, compared with 9·8 per 1,000 in the previous year. Four deaths were classified to this disease, the same as in 1966, but four fewer than the annual average for the preceding five years, 1962-66.

Meningococcal Infection.—There was a further decline in notifications of meningococcal infections in the Administrative County area. Ten cases were notified in 1967, two fewer than in 1966, and 20 below the annual average for the preceding five years. The corresponding attack rate of 0·004 per 1,000 of the estimated home population was 0·002 below the provisional rate for England and Wales. The number of deaths from meningococcal infection was five in 1967, the same total as in the previous year.

Acute Poliomyelitis.—In 1967, for the fourth successive year, there were no deaths in the Administrative County area from acute poliomyelitis. The one case which occurred during the year constituted the lowest number ever recorded. Two cases were, in fact, notified both as paralytic but one proved not to be poliomyelitis and there was some doubt about the second. The first case, notified in October, was a boy, two years of age. There was some doubt as to the diagnosis particularly as the child had received a full course of immunisation. Subsequent investigations by the Public Health Laboratory Service confirmed that the virus involved was not poliomyelitis, but Echovirus type 3. The second case, notified in November, was a girl of 14 years of age who had received four doses of protective vaccine over a two-year period. This was a retrospective diagnosis on the basis of history and signs elicited at out-patient clinic consultation. The acute illness—with symptoms of mild upper respiratory tract infection—had occurred early in October, and had been succeeded by pain and weakness in the left leg, for which she had been referred for the opinion of a consultant physician. No virological studies were undertaken in view of the late stage at which the presumptive diagnosis was made. The patient recovered with some functional limitations and is still receiving treatment.

Acute Encephalitis.—Seven cases of acute encephalitis were notified in the Administrative County area during 1967, an increase of two as compared with the total for the previous year. Three cases were infective and four post-infectious. According to information supplied by local medical officers of health five deaths were classified to this cause in 1967.

Scarlet Fever.—There were 1,284 cases of scarlet fever notified in the Administrative County area during 1967, 530 fewer than in 1966, and 69 less than the average for the preceding five years. The notified cases were equivalent to an attack rate of 0·54 per 1,000 of the estimated home population, compared with 0·40 per 1,000 for England and Wales. No deaths from scarlet fever were recorded locally.

Typhoid and Paratyphoid Fevers.—Notifications of typhoid and paratyphoid fevers in the Administrative County area in 1967 were the lowest ever recorded. There were five cases compared with 16 in 1966. No deaths were reported.

Dysentery.—The 2,405 cases of dysentery notified in 1967 were 1,481 more than the total for the previous year. They represented an attack rate of 1·0 per 1,000 of the estimated home population, the highest rate recorded since 1962.

Food Poisoning.—Cases of food poisoning notified in 1967 numbered 230, an increase of 23 over the total for the previous year but 16 fewer than the average for the preceding five years, 1962-66. There were no deaths.

Particulars of the various outbreaks of food poisoning in 1967, including the organisms or other agents responsible, the foods involved and the places where the contaminated foods were consumed are given later in this report in the section relating to "INSPECTION AND SUPERVISION OF FOOD."

Anthrax.—In 1967, for the third successive year, no case of anthrax in man was notified in the Administrative County area.

Notifications.—The table below, which is compiled from the quarterly reports of local medical officers of health, shows the numbers of cases of infectious and other notifiable diseases (excluding tuberculosis—see Table 6, page 154) notified during the year 1967 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals:—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR
THE YEAR ENDED 31ST DECEMBER, 1967, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (excluding rubella)	Acute polio-myelitis		Dysentery	Meningococcal infection	Sex	Age group	Sex	Acute pneumonia	Smallpox	Acute encephalitis		Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning									
				Paralytic	Non-paralytic								Infective	Post-infectious													
ADMINISTRATIVE COUNTY																											
640	—	1,024	8,803	—	—	1,175	7	M.	ALL AGES	M.	95	—	2	2	4	—	31	102									
644	—	1,155	8,299	1	—	1,230	3	F.		F.	97	—	1	2	—	1	38	128									
1,284	—	2,179	17,102	1	—	2,405	10	T.		T.	192	—	3	4	4	1	69	230									
5	—	83	445	—	—	37	2	M.	0—	M.	13	—	—	1	—	—	—	14									
3	—	99	425	—	—	25	—	F.											F.	6	—	—	—	—	—	21	
8	—	182	870	—	—	62	2	T.											T.	19	—	—	1	—	—	35	
70	—	278	2,715	—	—	207	2	M.	1—	M.	6	—	—	—	—	—	—	21									
57	—	254	2,484	—	—	165	1	F.											F.	19	—	—	—	—	—	21	
127	—	532	5,199	—	—	372	3	T.											T.	19	—	—	1	—	—	35	
165	—	303	2,879	—	—	242	1	M.	3—	M.	15	—	—	1	2	—	2	29									
149	—	340	2,678	—	—	203	—	F.											F.	9	—	1	—	—	1	1	25
314	—	643	5,557	—	—	445	1	T.											T.	24	—	1	1	2	1	3	54
315	—	310	2,595	—	—	372	—	M.	5—	M.	15	—	—	1	2	—	2	29									
335	—	385	2,498	—	—	341	1	F.											F.	9	—	1	—	—	1	1	25
650	—	695	5,093	—	—	713	1	T.											T.	24	—	1	1	2	1	3	54
60	—	32	82	—	—	78	—	M.	10—	M.	24	—	1	1	2	1	1	25									
68	—	40	94	1	—	73	1	F.											F.	24	—	1	1	2	1	3	54
128	—	72	176	1	—	151	1	T.											T.	24	—	1	1	2	1	3	54
18	—	4	37	—	—	46	—	M.	15—	M.	14	—	1	—	2	—	10	31									
22	—	16	51	—	—	104	—	F.											F.	23	—	1	1	—	—	10	39
40	—	20	88	—	—	150	—	T.											T.	37	—	1	1	2	—	20	70
									25—	M.	28	—	—	—	4	—	12	20									
																			F.	21	—	—	1	—	—	17	25
																			T.	49	—	—	1	4	—	29	45
7	—	10	16	—	—	184	2	M.	45—	M.	23	—	1	—	—	—	7	7									
9	—	16	29	—	—	302	—	F.											F.	21	—	—	—	—	—	8	16
16	—	26	45	—	—	486	2	T.											T.	49	—	—	1	4	—	15	23
									65—	M.	23	—	1	—	—	—	7	7									
																			F.	37	—	—	—	—	—	8	16
																			T.	60	—	1	—	—	—	15	23
—	—	4	34	—	—	9	—	M.	UN-KNOWN	M.	2	—	—	—	—	—	—	1									
1	—	5	40	—	—	17	—	F.											F.	1	—	—	—	—	—	2	2
1	—	9	74	—	—	26	—	T.											T.	3	—	—	—	—	—	2	3

Other Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			*Chickenpox			Malaria (Believed to have been contracted abroad)			Anthrax			†Infective hepatitis		
	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Administrative County ...	22	3	2	5	48	55	103	—	—	—	—	—	—	146	154	300

* Notifiable during year in one district only.

† " " " " 11 districts "

Below, comparison is made of the numbers of notifications of the principal infectious diseases during 1967 and the preceding 10 years :—

[illegible]

Acute Rheumatism.—Notifications of cases of acute rheumatism in persons under 16 years of age are required to be made to the County Medical Officer of Health and not, as is the case with almost all other notifiable diseases, to the respective medical officers of health of the County districts. Under the regulations “acute rheumatism” means any of the following conditions occurring separately or together in a person under the age of 16 years—(i) rheumatic pains or arthritis accompanied by a rise in temperature ; (ii) rheumatic chorea ; (iii) rheumatic carditis ; (iv) valvular disease of the heart of rheumatic origin. Each notified case is subsequently classified by the general practitioner or specialist to whom it has been referred into one of seven clinical categories recommended by the Medical Research Council, four being of rheumatic origin and three of non-rheumatic origin.

Notifications received in the Administrative County area during 1967 numbered 12, eight fewer than in the previous year, and the following statement analyses them by subsequent clinical classification and by sex/age group:—

[illegible]

The 12 cases, all confirmed to be of rheumatic origin, were equivalent to 0·21 per 10,000 of the estimated population under 16 years of age.

Tuberculosis.—NOTIFICATIONS.—In the following table the numbers of primary notifications and the corresponding attack rates in the Administrative County are given for 1967 and each of the preceding 10 years:—

Year	Primary notifications			Attack rate per 1,000 population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1957	1,153	178	1,331	0·55	0·08	0·63
1958	1,024	142	1,166	0·43	0·07	0·55
1959	1,016	110	1,126	0·47	0·05	0·52
1960	775	86	861	0·36	0·04	0·40
1961	728	100	828	0·33	0·05	0·38
1962	740	100	840	0·33	0·04	0·38
1963	601	89	690	0·26	0·04	0·30
1964	596	98	694	0·26	0·04	0·30
1965	504	97	601	0·22	0·04	0·26
1966	490	80	570	0·21	0·03	0·24
1967	455	82	537	0·19	0·03	0·22

Although total notifications of tuberculosis and notifications of respiratory tuberculosis declined to new low record levels in 1967, there was an increase of two in the number of notifications of non-respiratory tuberculosis compared with 1966. The incidence rates for the Administrative County area were lower by 0·04 per 1,000 population for respiratory tuberculosis, 0·01 for non-respiratory tuberculosis and 0·05 for all forms of tuberculosis than the corresponding provisional rates for England and Wales for 1967.

The tuberculosis notifications both primary and inward transfer (i.e., relating to known cases of tuberculosis moving into the County area) received during 1967 are analysed by sex age group and site classification in Table 6, page 154.

MORTALITY.—After the relatively large increase in mortality from tuberculosis noted in 1966, the number of deaths so classified fell in 1967 to a new low record of 93. The resultant mortality rates for the Administrative County area compare favourably with the respective provisional rates for England and Wales. Deaths from respiratory tuberculosis represented a rate of 0·36 per 10,000 of the estimated home population compared with 0·37 for England and Wales, for non-respiratory tuberculosis the respective rates were 0·03 and 0·05, and for all forms of tuberculosis 0·39 for the Administrative County compared with 0·42 for England and Wales.

In the table below the numbers of tuberculous deaths registered during 1967 and the preceding 10 years are given for the Administrative County together with the corresponding death rates:—

Year	Deaths			Death rate per 10,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1957	207	29	236	0·98	0·14	1·12
1958	204	19	223	0·96	0·09	1·05
1959	163	13	176	0·76	0·06	0·82
1960	151	8	159	0·69	0·04	0·73
1961	129	19	148	0·58	0·09	0·67
1962	130	13	143	0·58	0·06	0·64
1963	117	19	136	0·52	0·08	0·60
1964	113	13	126	0·49	0·06	0·55
1965	94	14	108	0·40	0·06	0·46
1966	121	15	136	0·51	0·06	0·57
1967	87	6	93	0·36	0·03	0·39

Table 5, pages 152 and 153, shows the distribution by sex and age group of the deaths from tuberculosis assigned in 1967 to the Administrative County and to the aggregated urban and rural districts.

DELEGATE AUTHORITIES



Scale: 8 miles to 1 inch.

HEALTH SERVICES

Services Provided.—Under the provisions of Part III of the National Health Service Act, 1946, it is the duty of the County Council, as local health authority for the Administrative County area, to provide, in accordance with schemes approved by the Minister of Health, health centres and services embracing the care of mothers and young children, midwifery and maternity nursing, health visiting, home nursing, vaccination and immunisation, ambulance transportation and the prevention of tuberculosis and mental illness and care and after-care of the tuberculous and mentally disordered. Under permissive sections of the Act the County Council's approved scheme of prevention, care and after-care is extended to cover all forms of illness and a domestic help service is provided.

In addition, provision is made under the terms of the National Assistance Act, 1948, for (i) residential accommodation for the aged and infirm, (ii) temporary accommodation for persons in urgent need and (iii) the welfare of handicapped persons.

The responsibility for the administration of the various functions referred to above is that of the Health Committee which, appointed in accordance with the provisions of the National Health Service Act, 1946, consists of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Lancashire Executive Council, the Lancashire Local Medical Committee, and voluntary organisations concerned with the care of old people.

DIVISIONAL ADMINISTRATION.—The administrative arrangements made by the County Council for carrying out their duties as local health authority were designed to conform, as far as possible, to those made for the treatment services administered by regional boards and executive councils and accordingly, following the pattern for the hospital treatment services laid down by the Act, committees were established in 17 divisional areas covering the Administrative County for the local management of the services in the divisions.

Each divisional health committee is composed of members of the County Council, representatives appointed by (a) the councils of County districts within the division, (b) management committees of hospitals serving the division and (c) the education divisional executives within the division, together with persons co-opted at the discretion of the divisional committee with the approval of the Health Committee, and the committees undertake the day-to-day administration of the bulk of the services provided by the local health authority, except insofar as they have been delegated to certain County district councils under the terms of the Local Government Act, 1958, as referred to below.

In view of difficulties which were arising in the planning and provision of services to meet, as a whole, the needs of the new town of Skelmersdale (the designated area of which comprised practically the whole of Skelmersdale Urban District, a substantial part of Up Holland Urban District and parts of the Ormskirk Urban District and the Parish of Dalton in the Wigan Rural District), it was decided that as from 1st June, 1967, that part of the Urban District of Up Holland, which was in the designated area of the new town, should be transferred from Health Division No. 8 to Health Division No. 7, the ultimate intention being that the whole of the new town area would be in Health Division No. 7 in order to preserve the links with the Liverpool Regional Hospital Board who were intimately concerned from the beginning in the planning of services for the new town.

Throughout the report statistical information relating to the County Council services in the transferred area has, therefore, from the date of transfer been included in the figures relating to Health Division No. 7.

DELEGATION OF FUNCTIONS.—In accordance with approved delegation schemes made under section 46 of the Local Government Act, 1958, the councils of four County districts—Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.—administer within their respective areas a wide range of health and welfare services on behalf of the County Council. The delegated services are specified in the Act and from those listed in the first two paragraphs above exclude only the ambulance service, such part of the prevention of illness, care and after-care scheme as relates to the care or after-care in residential accommodation of persons suffering from mental illness, and the provision of residential and temporary accommodation under the National Assistance Act, 1948. The remaining functions required by section 46 to be included in delegation schemes are those under the Nurseries and Child Minders Regulation Act, 1948, and those under the Mental Health Act, 1959, not included in the prevention of illness, care and after-care scheme by virtue of the amendment by that Act of Part III of the National Health Service Act.

The health divisions and delegate districts into which the Administrative County is divided for the purposes of administration of the health and welfare services are shown on the map here inserted, whilst in the following statement the acreages, the Census, 1961, populations and the Registrar General's estimated mid-1967 populations of the various areas as constituted at the 31st December, 1967, are set forth.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1967	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1967)	Estimated home, mid-1967
1	Dalton-in-Furness U.D.	8,022	10,316	10,900
	Grange U.D.	1,883	3,125	3,020
	Ulverston U.D.	3,206	10,527	10,560
	North Lonsdale R.D.	127,448	16,598	15,840
		140,559	40,566	40,320
2	Lancaster M.B.	5,101	48,253	47,060
	Morecambe and Heysham M.B. ...	3,796	40,228	40,810
	Carnforth U.D.	1,504	4,113	4,180
	Lancaster R.D.	52,982	14,000	16,990
	Lunesdale R.D.	76,267	8,224	9,950
		139,650	114,818	118,990
3	Fleetwood M.B.	2,565	27,686	28,630
	Lytham St. Annes M.B.	5,814	36,189	36,620
	Kirkham U.D.	939	4,819	6,370
	Poulton-le-Fylde U.D.	2,272	12,726	15,380
	Preesall U.D.	3,277	2,357	3,330
	Thornton Cleveleys U.D.	3,358	20,648	24,430
	Fylde R.D.	33,264	17,370	18,800
	†Garstang R.D. (part)	14,535	3,751	4,270
		66,024	125,546	137,830
4	Chorley M.B.	4,283	31,315	31,170
	Adlington U.D.	1,062	4,276	4,560
	Fulwood U.D.	3,164	16,016	18,960
	Leyland U.D.	3,804	19,413	22,160
	Longridge U.D.	3,285	4,686	5,720
	Walton-le-Dale U.D.	4,733	18,964	24,350
	Withnell U.D.	4,186	2,849	2,900
	Chorley R.D.	41,117	28,567	31,970
	†Clitheroe R.D. (part)	19,803	2,389	2,610
	†Garstang R.D. (part)	42,956	10,639	12,100
	Preston R.D.	49,754	43,592	49,220
		178,147	182,706	205,720
5	Accrington M.B.	4,418	39,018	37,470
	Clitheroe M.B.	2,386	12,158	12,640
	Darwen M.B.	5,959	29,475	28,810
	Church U.D.	528	5,888	5,850
	Clayton-le-Moors U.D.	1,060	6,421	6,340
	Great Harwood U.D.	2,868	10,718	10,620
	Oswaldtwistle U.D.	4,885	11,918	13,120
	Rishton U.D.	2,879	5,433	5,530
	Blackburn R.D.	19,469	15,053	19,520
	†Clitheroe R.D. (part)	12,367	6,410	6,990
		56,819	142,492	146,890
6	Colne M.B.	5,939	19,430	18,850
	Nelson M.B.	3,445	32,292	30,630
	Barrowford U.D.	1,387	4,644	4,680
	Brierfield U.D.	807	7,018	7,280
	Padiham U.D.	975	9,899	10,200
	Trawden U.D.	6,815	1,952	1,850
	Burnley R.D.	39,849	16,035	15,900
		59,217	91,270	89,390

† Populations computed from Registrar General's estimates on basis of parish populations as at Census, 1961.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1967	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1967)	Estimated home, mid-1967
7	*Crosby M.B.	4,785	59,166	59,650
	Formby U.D.	5,613	11,734	19,060
	Litherland U.D.	1,210	24,871	24,820
	Ormskirk U.D.	15,608	21,828	25,440
	Skelmersdale U.D.	1,941	6,309	9,390
	West Lancashire R.D.	65,620	55,763	66,960
	†Up Holland U.D. (part)	1,419	4,282	6,280
		96,196	183,953	211,600
8	Abram U.D.	1,979	6,004	6,180
	Ashton-in-Makerfield U.D.	6,266	19,262	23,350
	Aspull U.D.	1,905	6,748	7,360
	Billinge and Winstanley U.D.	4,596	6,945	9,630
	Hindley U.D.	2,610	19,396	21,900
	Ince-in-Makerfield U.D.	2,321	18,019	17,360
	Orrell U.D.	1,616	10,664	11,910
	Standish-with-Langtree U.D.	3,266	9,692	10,620
	†Up Holland U.D. (part)	3,265	3,170	4,250
	Wigan R.D.	11,695	10,157	12,440
		39,519	110,057	125,000
9	Widnes M.B.	5,746	52,186	54,600
	*Huyton-with-Roby U.D.	3,055	63,089	69,180
	Kirkby U.D.	4,672	52,088	63,800
	Prescot U.D.	871	13,079	13,370
	Rainford U.D.	5,877	5,385	6,580
	Whiston R.D.	23,786	43,786	72,030
		44,007	229,613	279,560
10	Golborne U.D.	7,567	21,310	26,100
	Haydock U.D.	2,395	12,074	12,600
	Newton-le-Willows U.D.	3,105	21,768	22,300
	Warrington R.D.	22,350	30,732	41,400
		35,417	85,884	102,400
11	Farnworth M.B.	1,504	27,502	26,700
	Leigh M.B.	6,359	46,174	46,600
	Atherton U.D.	2,265	19,756	20,510
	Blackrod U.D.	2,392	3,606	4,630
	Horwich U.D.	3,257	16,078	16,280
	Kearsley U.D.	1,727	10,296	11,510
	Little Lever U.D.	807	5,085	6,300
	Turton U.D.	17,334	13,698	17,870
	Tyldesley U.D.	5,175	16,813	19,660
	Westhoughton U.D.	5,560	16,260	17,330
		46,380	175,268	187,390
12	Haslingden M.B.	8,203	14,360	14,150
	Prestwich M.B.	2,421	34,209	33,480
	Radcliffe M.B.	4,957	26,726	27,610
	Rawtenstall M.B.	9,528	23,890	22,630
	Ramsbottom U.D.	9,562	13,817	14,450
	Tottington U.D.	2,542	5,649	6,750
	Whitefield U.D.	3,391	14,372	18,290
		40,604	133,023	137,360

* District to the Council of which certain health and welfare functions are delegated.

† Apportionment of area and populations based on information supplied by County Planning Officer.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1967	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1967)	Estimated home, mid-1967
13	Bacup M.B.	6,121	17,308	16,420
	Heywood M.B.	8,508	24,090	30,400
	Littleborough U.D.	7,855	10,552	10,800
	Milnrow U.D.	5,194	8,129	9,150
	Wardle U.D.	3,192	4,608	4,700
	Whitworth U.D.	4,483	7,064	7,210
		35,353	71,751	78,680
14	*Middleton M.B.	5,172	56,668	58,140
	Chadderton U.D.	3,014	32,568	31,880
	Crompton U.D.	2,865	12,708	15,140
	Failsworth U.D.	1,679	19,819	22,520
	Lees U.D.	288	3,730	3,700
	Royton U.D.	2,148	14,474	17,610
		15,166	139,967	148,990
15	Eccles M.B.	3,417	43,173	41,400
	Swinton and Pendlebury M.B.	3,362	40,470	40,760
	Worsley U.D.	7,240	40,393	48,750
		14,019	124,036	130,910
16	*Stretford M.B.	3,533	60,364	60,010
	Irlam U.D.	4,717	15,371	17,940
	Urmston U.D.	4,799	43,068	43,300
		13,049	118,803	121,250
17	Ashton-under-Lyne M.B.	4,135	50,154	49,050
	Mossley M.B.	3,661	9,776	9,630
	Audenshaw U.D.	1,241	12,122	11,800
	Denton U.D.	2,593	31,089	37,900
	Droylsden U.D.	1,245	25,461	25,340
		12,875	128,602	133,720

* District to the Council of which certain health and welfare functions are delegated.

The various health and welfare services, the day-to-day administration of which devolves upon Divisional Health Committees and the four District Councils to whom certain duties have been delegated, have continued to function satisfactorily. Whilst particulars of the work accomplished relative to the various services is given in some detail in the pages which follow, it is of interest to record here some of the comments of divisional medical officers and medical officers of health of delegate authorities on various aspects of the services during 1967.

Health Division No. 2.—Attachment of health visitors and district nurses continues to bring a welcome co-operation between general practitioners and local health services. Many of the initial problems are being solved by abandoning the idea of specific areas of work and concentrating on the idea of a health visitor's or district nurse's personal case load. Further consideration is being given to the most effective liaison of these services with the welfare and mental health sections.

Health Division No. 3.—The divisional services have continued to expand throughout the year and great strides have been made in the nursing and health visiting fields to promote closer liaison with the general medical practitioner service by the attachment of nursing and health visiting staff to general practices.

Health Division No. 4.—It is considered that on the whole the health services have operated satisfactorily but again staffing difficulties have created a number of problems. There has been a particular shortage of health visitors throughout the year and it was found necessary to appoint a number of part-time clinic nurses to relieve the situation. The shortage of health visitors has also restricted the expansion of the general practitioner attachment schemes in the division.

Health Division No. 6.—It is confidently felt that all sections of the health and welfare services in this division were maintained at the usual high standard throughout the year.

Health Division No. 8.—During the year the services administered by the division have continued to work efficiently. Staff shortages have hindered the expansion of some services.

Health Division No. 9.—The commitments of the division continue to increase chiefly as a result of the continuance of overspill from Liverpool. Since the overspill in recent years has been as a result of Liverpool slum clearance, this has meant that there has been an abnormal increase of difficult cases which has thrown an increasing burden on all the services, not least in welfare and school health.

The situation has not been eased by the acute shortage of staff particularly assistant divisional medical officers and health visitors.

Health Division No. 11.—Apart from a chronic shortage of health visitors, which inevitably reflects in a multitude of limited developments in medico-social spheres, the staffing situation of field workers met potential demands. Most services were maintained at a reasonable level.

Health Division No. 12.—Effective services were provided and maximum co-operation was maintained with local health authority and hospital staffs and with the local general practitioners. Emphasis upon social work and domiciliary visiting has highlighted the necessity of having to provide more facilities for the elderly and handicapped and of having to forge stronger ties with all the voluntary agencies.

Health Division No. 13.—The essential services of the division have been carried out despite the shortage of full-time medical staff.

Health Division No. 14.—The general standard and availability of local health authority services in the division compares favourably with that in adjacent areas save in regard to the limited residential accommodation for the elderly.

Health Division No. 17.—All services were maintained at a satisfactory level, with increases and extensions to particular items. There was a continued shortage of health visitors, but more clinic nurses were recruited to offset the effects of this shortage. Mental health services were maintained only with difficulty due to staffing problems.

Middleton M.B.—There continues to be a considerable disparity between great demand and limited supply of local health authority residential accommodation, but despite the current building of a new home for elderly within the borough, there is little prospect of solving the problem of the large waiting list in the foreseeable future.

CONTROL, SUPERVISION AND CO-ORDINATION OF SERVICES.—The County Medical Officer of Health and Principal School Medical Officer is responsible for the control, supervision and co-ordination of the various services provided by the local health authority and acting under his direction the divisional medical officers, who are also school medical officers, are responsible on behalf of the divisional committees for the staffs on the divisional establishments and for the day-to-day control and supervision of the various services provided. The services of the supervisory officers of the midwifery, home nursing, health visiting and ambulance services on the central office staff of the County Medical Officer of Health are available to divisional medical officers as required.

In the districts to the councils of which certain health and welfare functions have been delegated, the medical officer of health is responsible, through the Council's Health Committee, for the control and supervision of the several services but, as in each case the medical officer of health and the divisional medical officer are one and the same person and as the delegate authority is required to conform to the policies of the local authority, continuity of co-ordination is ensured.

One of the duties required of a divisional medical officer is that he shall undertake the duties of medical officer of health for the County districts within his division, where he may be so appointed. This provision has, in fact, done much to assist County districts in meeting the requirements of the Local Government Act, 1933, regarding the appointment of medical officers of health not engaged in private practice as medical practitioners and of affording complete co-ordination of the medical services of the County Council and the public health work of the district councils. Up to the 31st December, 1967, no fewer than 102 districts had as medical officer of health the divisional medical officer of the health division in which the district is situate. In addition, two districts had an assistant divisional medical officer who, having been appointed in the capacity of medical officer of health prior to the inception of the Divisional Health Administration Scheme, has been allowed to continue as such until such time as the district councils themselves desire the appointment of the divisional medical officer. In another district a retired assistant divisional medical officer was employed as local medical officer of health whilst in another the medical officer of health was a former part-time assistant divisional medical officer not engaged in private practice. In the remaining three County districts, the duties of medical officer of health were, at the 31st December, 1967, still being undertaken by medical practitioners engaged in private practice.

CO-ORDINATION AND CO-OPERATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE.—The structure of the National Health Service with responsibilities shared by separate administrative bodies renders it essential that there should be effective arrangements for securing integration. In Lancashire there exists a wide variety of liaison arrangements between the local health authority and the other statutory and voluntary bodies. Many of these arrangements are, of

course, the result of the implementation of statutory requirements or approved schemes of administration, but the less formal meetings which take place from time to time as occasion demands between representatives of the several bodies are also useful and the meetings and contacts at officer level are undoubtedly of great value. In this connection, the Lancashire system of divisionalisation of the local health authority's services has facilitated liaison at local level by making it possible for officers of the local health authority to meet and to work in close touch with their opposite numbers in the hospital and domiciliary services. The aim of the local health authority is to strengthen this desirable liaison with advantage to all concerned.

In general, a good and effective liaison exists between the local health authority staffs and the different departments of the various hospitals throughout the area. In particular, a very high degree of co-operation is called for in connection with the problems associated with chronic sick and geriatric cases by reason of the great pressure on hospital beds on the one hand and the inability of the local health authority to keep pace with the demand for places in homes for the aged and infirm on the other. In the field of mental health, too, liaison is gradually being strengthened, with greater co-ordination of effort between the hospital psychiatric staffs and the mental health staffs of the local health authority.

Whilst the pattern of co-operation with general practitioner services has developed more slowly and perhaps less uniformly than that with the hospital services, evidence continues to grow of increasing use of the assistance made available to general practitioners and their patients by the local health authority. The extension of arrangements allying health visitors to individual or group practices has continued and, in addition, in some areas trial schemes of attachment of home nurses to general practitioners have been undertaken with encouraging results. Some progress, too, has been made with regard to the proposed establishment of group practice centres in premises adjacent to County Council clinics or child welfare centres, further reference to which is made on page 37.

Much good work is done in the County area in connection with welfare matters, particularly as regards the care of the aged and infirm, by various voluntary bodies such as Old People's Welfare Committees, the Inskip League of Friendship, Tuberculosis Care Committees, Social Service Councils, Personal Services Committees, etc. Every effort is made by the local health authority to work in close conjunction with these bodies and to co-ordinate their efforts with the statutory services and facilities provided.

Development of Local Authority Health and Welfare Services.—In 1962 the Ministry of Health requested local health authorities to review their health and welfare services and to draw up a plan for developing them over the succeeding ten years. These plans were summarised in a Command Paper (No. 1973) entitled "Health and Welfare: the Development of Community Care" which was published by the Ministry in April, 1963.

A summary of the plan prepared by the Health Committee which covered the period 1962/63 to 1971/72 was given in the Annual Report for 1962.

Originally it was the intention of the Minister of Health that these ten-year programmes should be revised annually and on each occasion taken a year further forward, thus always covering the decade immediately ahead. Such a revision was accordingly called for in 1963, but in 1964 the Minister deferred the requirement to submit the results of any further reviews undertaken by authorities until 1965.

A statistical summary of the revised ten-year programme as submitted to the Minister in November, 1965, was set out in the Annual Report for 1965.

The revised programmes of local health authorities were published by the Minister in a Command Paper (No. 3022), "Health and Welfare: Development of Community Care (Revision to 1975/76 of plans for the Health and Welfare Services of Local Authorities in England and Wales)" on the 16th June, 1966. In circular 10/66, which accompanied the published volume, the Minister indicated that whilst it was his intention in due course to ask local authorities to send him further revision of their plans he did not require the submission of such a revision at the end of 1966.

In May, 1967, however, the Minister intimated in Circular 10/67 that he would ask for the submission, towards the end of 1968, of revised plans covering the ten-year period up to and including 1978/79. Meanwhile, for the purpose of programming individual capital projects and preparing his three-year lists for issue to local authorities early in the following year, he requested the submission by the 1st October, 1967, of detailed returns of all projects for which the authority's plans (including the selection and acquisition of sites) were sufficiently well advanced to lead them to expect to seek loan sanction (or to finance out of revenue or special capital funds) during the three years 1968/69, 1969/70 and 1970/71.

At the same time the Minister indicated that it was his intention to require such returns each year in respect of the succeeding three years so as to ensure that his three-year lists to be issued to authorities early each year would be based on the latest available information about authorities' intentions on the selection and timing of the projects in their development plans.

The returns submitted to the Minister in September, 1967, related to 47 projects for 1968/69, 42 for 1969/70 and 36 for 1970/71, involving capital expenditure of £2,337,756, £2,019,560 and £1,725,800 respectively.

HEALTH CENTRES

Under section 21 of the National Health Service Act, 1946, the County Council, as local health authority, were required to make provision for the setting up of "health centres" at which facilities for medical, dental, pharmaceutical, etc. services could be made available along with the County Council's health services.

In previous reports it has been mentioned that groups of general practitioners had expressed interest in the establishment of group practice centres adjoining school clinics and child welfare centres, and that the County Health Committee, the Lancashire Executive Council and the Lancashire Local Medical Committee have all agreed to support this idea in order to provide closer links between local authority health and welfare services and the general practitioner service. During the year the Ministry of Health published Circular 7/67 which encouraged local authorities to erect health centres and gave guidance on this subject. In particular the Ministry stressed the importance of consultation at all stages of development of a centre between the local authority, Executive Council, local professional committee and general medical and dental practitioners.

Prior to 1967 meetings had been held with general practitioners in a number of areas and firm projects were in hand for centres at Halewood, Kirkham, Knowsley (Cantril Farm), Penketh, Skelmersdale (Digmoor) and Thornton Cleveleys. Proposals had been made under section 21 for five of these areas; the centre at Skelmersdale being provided under the terms of the Local Authorities (Lands) Act, 1963. In addition proposals were also made for Kirkby (Tower Hill), Kirkby (Westvale), Little Hulton and Whitefield.

In accordance with a recommendation in Circular 7/67 a review of the County Council's clinic building programme was carried out and meetings were held with general practitioners in a number of areas where it had been proposed to erect a new clinic. It was not possible however to hold meetings in all instances before the end of the year. However at the request of the Ministry a three year building programme covering the years 1968/69, 1969/70 and 1970/71 was drawn up, details of which are as follows:—

<i>1968/69</i>	<i>1969/70</i>	<i>1970/71</i>
Widnes (Upton)	Huyton	Tarleton
Skelmersdale	Denton	Haydock
Little Hulton	Audenshaw	St. Annes
Whitefield	Milnrow	Morecambe
Longridge	Ashton-in-Makerfield	Skelmersdale
Failsworth	Swinton (Clifton)	Urmston (Flixton)
Crosby (Thornton)	Longton	Whitefield
Irlam	Kirkby (Tower Hill)	Radcliffe
Denton (Haughton Green)	Eccles	Leigh
Kirkby (Westvale)	Accrington	Prestwich

Subsequently following discussions with general practitioners the proposed schemes for Longridge, Crosby (Thornton), Huyton and Swinton (Clifton) have been withdrawn and it is intended to provide new clinics in these areas. It is also likely that centres will not materialise in some of the other areas included in the programmes for 1969/70 and 1970/71 when meetings have been held with the doctors.

A working party, consisting of representatives of the County Council, Lancashire Executive Council, and Lancashire Local Medical, Dental and Pharmaceutical Committees was set up to consider health centre design and towards the end of the year an agreed plan was submitted to the Ministry of Health for consideration. The Local Pharmaceutical Committee decided not to participate in health centres and there was no demand for accommodation from the Local Dental Committees in any of the centres where proposals had been made under Section 21 before the end of the year.

Considerable interest was shown during the year by general practitioners in many areas of the Administrative County in the provision of health centres, and much preliminary work was carried out which it is hoped will be brought to fruition in future years with the erection of a large number of these centres throughout the Administrative County.

CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children provide for the expectant and nursing mother, and for her child until it reaches school age, facilities which include child welfare centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants and unmarried mothers and their children, and day nurseries. The service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive advice and care for herself and her child as well as help in the home during and after her confinement. The conduct of all these services within the framework of County Council policy is delegated, for their respective areas, to the councils of four County districts—Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.

Antenatal and Post-natal Care.—The following statement gives particulars of attendances, etc., at the County Council antenatal and post-natal clinics for each of the last five years.

Year	No. of clinics at end of year	No. of half-day sessions	Antenatal attendances				No. of post-natal attendances
			No. of women attending	No. of attendances	Average attendances per session	Average attendances per individual	
1963	94	5,138 (37)	19,610	86,211	16·9	4·4	2,306 (364)
1964	95	5,154 (37)	19,808	87,731	17·1	4·4	2,227 (411)
1965	95	5,303 (38)	18,934	83,431	15·8	4·4	2,347 (530)
1966	95	5,306 (30)	18,527	82,520	15·6	4·5	2,234 (448)
1967	97	5,275 (15)	16,480	72,645	13·8	4·4	1,607 (96)

Note : Particulars of special post-natal sessions are included and also given separately in brackets.

Although the great majority of post-natal examinations are carried out during ante-natal sessions, in Health Division No. 8 special post-natal sessions were arranged at two clinics, being discontinued at one of these clinics, however, on these 22nd March, 1967. Fifteen sessions were held at which 91 women made 96 attendances, an average of 6·4 attendances per session. The reduced attendances were due to the expansion of hospital services.

Of the 97 clinics in operation at the end of the year, 46 had the services of a hospital consultant obstetrician in addition to County Council staff. The consultants conducted 1,685 of the 5,275 sessions held during the year (including all the 15 post-natal sessions), 1,569 were conducted by County Council medical officers, 1,821 by County Council midwives and 200 by general practitioners employed on a sessional basis.

Table 7, page 155, gives attendance particulars relating to the antenatal and post-natal clinics in the respective health divisions and delegate districts during 1967.

County patients in Health Division No. 9 attended antenatal and post-natal clinics of St. Helens C.B., payment being made according to the number of cases and attendances. During the year 12 expectant mothers made 72 attendances and in addition 5 post-natal attendances were recorded.

Relaxation, Exercise and Mothercraft Classes.—At 25 of the classes organised at County Council clinics the instruction in relaxation and exercises is given by qualified physiotherapists whilst at 54 other classes this work is carried out by County Council midwives and health visitors most of whom have attended a course on natural childbirth. Such courses are arranged by the County Council, the tutor in charge being a qualified physiotherapist with much practical experience in this work.

The classes for the mothers are divided into three periods, *viz.*, (1) exercises, (2) relaxation and (3) demonstrations and discussions. Each period occupies about 15 minutes so that, taking into account the time necessary for preparation, an expectant mother spends approximately one hour of her time at each session she attends. The demonstrations and discussions include—

- (a) instruction in use of analgesic apparatus;
- (b) flannelgraphs to illustrate talks on labour and pelvic anatomy;
- (c) talks on bathing and feeding of baby;
- (d) display of baby clothes and patterns;
- (e) talks on hygiene of pregnancy, etc.

This teaching is carried out by health visitors and midwives.

Details of attendances, etc., during 1967 in each health division and delegate district are given in Table 7, on page 155, and set forth below are the totals for the County area for each year 1963 to 1967:—

Year	No. of classes at end of year	No. of sessions	No. of women attending	No. of attendances
1963	55	2,271	4,560	24,613
1964	62	2,464	4,812	26,620
1965	70	2,798	5,272	25,170
1966	72	3,086	4,789	25,221
1967	79	3,311	5,019	26,145

The value of these classes was emphasised in the memorandum on antenatal care related to toxæmia which was issued by the Ministry of Health in May, 1956, and it is generally agreed that the local health authority antenatal clinics are more suitable for this type of work than the busy hospital out-patient clinic. Patients who attend hospital out-patient departments or general practitioners' surgeries for their antenatal care are therefore welcome at the classes. This attitude was endorsed in the Cranbrook Report, which recommended that health education and mothercraft instruction should be available for all expectant mothers. There is still scope for further development of this aspect of antenatal care.

Child Welfare Centres.—The number of child welfare centres to which mothers may bring their babies and toddlers regularly for supervision continues to increase. The administration of the centres has continued on the same lines as in previous years and at the end of 1967 there were 280 centres in operation. Of these the following were opened during the year on the dates shown:—

Health Division No.	Centre	Date opened
4 ...	Village Hall, New Longton	1st February
8 ...	Tunley Presbyterian Sunday School, Wrightington	5th October
10 ...	Penketh Boys' Club, Honiton Way, Penketh	14th February
12 ...	2a Roche Crescent, Whitefield	11th July
14 ...	St. Andrew's Church Hall, High Crompton	6th July

The centre held at the Parochial Church Hall, Belmont, in Health Division No. 11, was closed on the 5th May.

Of the centres available at the end of the previous year, the following were transferred during 1967 to alternative premises:—

Health Division No.	Premises
1 ...	Congregational School, Kents Bank Road, Grange-over-Sands (closed 4th July) Parish Hall, Grange-over-Sands (opened 6th July)
4 ...	Methodist Church, Watkin Lane, Lostock Hall (closed 2nd January) St. James' Institute, Avondale Drive, Lostock Hall (opened 9th January)
5 ...	7 Bank Street, Church (closed 29th December, 1966) County Council Clinic, off Regent Road, Church (opened 5th January)
6 ...	86 Higham Hall Road, Higham (closed 23rd August) St. Annes' Institute, Wheatley Lane Road, Fence (opened 13th September)
8 ...	263 Warrington Road, Abram (closed 11th May) Platt House, Warrington Road, Platt Bridge (opened 15th May)
9 ...	Labour Club, Warburton Hey Road, Rainhill (2nd February) County Council Clinic, View Road, Rainhill (6th February)
9 ...	35 Boundary Farm Road, Halewood (closed 31st October) County Council Clinic, Health Centre, Leathers Lane, Halewood (opened 7th November)
11 ...	Youth Club, Higher Folds, Leigh (closed 18th January) County Council Clinic, Coronation Drive, Higher Folds, Leigh (opened 1st February)
11 ...	County Council Clinic, Nangreaves Street, Leigh (closed 27th February) Methodist Church, Wigan Road, Leigh (opened 2nd March)
12 ...	Close House, Close Park, Radcliffe (closed 7th December) Church Hall, Radcliffe Parish Church, Radcliffe (opened 12th December)
13 ...	33 Balmoral Drive, Darnhill, Heywood (closed 18th April) County Council Clinic, Argyle Parade, Darnhill Estate, Heywood (opened 4th May)
15 ...	Methodist School, Chorley Road, Swinton (closed 24th August) Moorside Old School, Moorside Road, Swinton (opened 31st August)

The following statement gives details of attendances of children at child welfare centres during each year from 1963 to 1967 and Table 8 on page 156 gives similar information for 1967 for each health division and delegate district.

	1963	1964	1965	1966	1967
No. of centres at end of year	263	267	272	276	280
No. of half-day sessions	14,669	15,313	15,624	15,758	16,061
No. of children who attended (age at end of year)—					
Under 1	31,425	34,223	34,248	34,586	33,483
1—	25,901	28,888	30,638	30,455	30,509
2—4 (inclusive)	23,357	26,424	30,382	30,935	30,119
TOTAL	80,683	89,535	95,268	95,976	94,111
No. of attendances at ages (in years)—					
Under 1	487,831	542,108	540,196	508,728	503,971
1—	87,067	105,916	116,548	113,160	108,115
2—4 (inclusive)	76,913	88,223	96,347	91,062	89,027
TOTAL	651,811	736,247	753,091	712,950	701,113
Average attendances per session	44	48	48	45	44

County Council medical officers conducted 11,311 of the 16,061 sessions held during the year under report, 4,289 were conducted by health visitors, 17 by hospital medical staff and the remaining 444 by general practitioners employed on a sessional basis. Of the 94,111 children who attended 2,270 were referred, as a result of medical examination, either to a general practitioner or direct to a specialist for diagnosis and/or treatment. This total does not include children found to have some minor condition whose mothers are advised that this warrants a visit to the family doctor.

The percentage of children, in age groups, who took advantage of the facilities at child welfare centres is shown in the following statement:—

	Under 1 year	1—4 years inclusive
1963	78·6	31·9
1964	83·3	34·3
1965	81·7	36·5
1966	83·7	35·8
1967	80·3	35·0

The proportion of children under one year of age recorded for 1967 fell from the high level of 1966. There was a further fall in the attendance ratio of children in the older group.

Great importance continues to be attached to the educational work of the centres and group discussions, films, film strips, posters, etc., are used widely in this work.

In addition to the facilities provided by the County Council, arrangements exist whereby County children from the surrounding districts may attend at centres administered by St. Helens County Borough Council, a payment per attendance being made by the County Council to the Corporation. The following table gives details of the attendances of County children at the St. Helens centres used during the period 1963 to 1967:—

Year	No. of children who attended (age at end of year)			No. of attendances by children at ages (in years)		
	Under 1	1—	2—4 (inclusive)	Under 1	1—	2—4 (inclusive)
1963	39	27	11	344	24	2
1964	53	28	27	624	90	26
1965	77	22	24	597	80	47
1966	35	31	33	510	89	21
1967	32	36	37	468	56	45

Generally speaking, the facilities provided for child welfare in the Administrative County insofar as centres are concerned are fairly adequate, but alternative accommodation is required in some districts and arrangements are in hand for the opening of additional centres.

The most satisfactory premises are the permanent clinics, particularly those which are purpose-built. The needs of the child welfare service, however, are such that many more child welfare centres than other types of clinic are required and use must be made of rented premises such as Sunday schools, village halls, etc. In fact, well over half the child welfare centres throughout the County are held in premises of this type, and much good work is done in these centres although the premises are sometimes far from ideal.

At the end of 1961 the Health Committee approved in principle the building of small clinics for health services purposes, including child welfare. Three of these clinics were opened during 1967 at Church, Rainhill and Heywood.

The Sheldon Report.—At the end of the year the report of the sub-committee on child welfare centres set up by the Standing Medical Advisory Committee of the Central Health Services Council under the chairmanship of Sir Wilfred Sheldon was published by the Ministry of Health.

This report makes a number of recommendations about the development of child welfare centres which will be of great value to local health authorities in the future. It also raises a number of issues of policy which require consideration by the Minister of Health in the first place.

Incidence of Congenital Abnormalities.—At the request of the Ministry of Health arrangements have been made to supply the Registrar General with details of infants in whom congenital defects are observed at birth. No central record of individual cases is maintained. The object of the scheme is to compile statistical information, some of which will be published regularly in the Registrar General's returns, from which it should be possible to detect any national or regional changes in the pattern.

The scheme commenced on the 1st January, 1964, and the statement below shows the number of children born with a malformation or malformations during 1967 together with comparative figures for the three previous years.

Year	Total births (live and still)	No. of infants with malformations	No. of malformations	Rate per 1,000 total births	
				Infants with malformations	Malformations
1964	43,766	773	899	17·7	20·5
1965	42,856	703	847	16·4	19·8
1966	42,892	717	868	16·7	20·2
1967	42,540	651	824	15·3	19·4

The incidence of abnormalities varies considerably from one health division to another and would appear to be due to under reporting in some hospitals.

Detection of Deafness in Young Children.—It is recognised that most deaf children possess some residual hearing and the modern aim is to fit such children with hearing aids and to give them training as soon as possible so that they may learn to speak in a manner similar to that of a normal child.

The County Council therefore agreed in 1955 to the establishment of a special clinic at Fulwood for the diagnosis of deafness in young children, and also to the training of health visitors to carry out screening tests to confirm that young children have normal hearing.

AUDIOLOGY CLINIC.—The clinic was opened in January, 1956, to serve mainly the children in the northern part of the County, children in the south of the County being served by the clinic at Manchester University and the Hearing Assessment Clinic, Crown Street, Liverpool.

The medical officer in charge is Dr. Jean Robson and four health visitors are in attendance. Three of the peripatetic teachers of the deaf employed in the school health service are also attached to the clinic and undertake home training of the older children.

The diagnostic clinic is staffed by the medical officer and health visitors and the guidance clinic by the health visitors.

Dr. Jean Robson reports:—

“The testing and guidance of pre-school children has continued at Fulwood Clinic in 1967 and there has been a further increase in the number of children referred.

It has been interesting to note that many cases of partial hearing loss caused by conductive deafness, as well as the more severe types of deafness, have been brought to light by the screening tests of hearing carried out by the health visitors.

After deafness has been diagnosed all children are referred to the consultant E.N.T. surgeon of the area so that any possible medical or surgical treatment can be carried out.

Again there have been many cases of delayed speech development in children aged 2-3 years due to an exudative otitis media causing a hearing loss of 30-35 decibels. In these children speech has developed quickly after adenoidectomy and myringotomy with removal of fluid from the middle ear.

In cases where no medical or surgical treatment is possible or where a residual deafness is present after treatment, the pre-school child and his parents are given guidance at home at weekly or fortnightly intervals by a member of the clinic staff. At the end of 1967, 52 children and their parents were having guidance at home and 14 at the clinic.

With the addition of four new Amplivox speech training units to our bank of instruments it has been possible, after their parents have had instruction, to loan these instruments to more deaf and partially hearing children. These instruments have greater amplification and a wider frequency range than individual hearing aids and the children derive great help from having daily sessions with them at home.

The parents again seemed to find it helpful to meet other parents at the parent group meetings. They exchange ideas on their different approaches to day to day problems which arise for deaf and partially hearing children and stimulate each other to give their children more opportunity for constructive play and wider interests.

We try to arrange for the deaf and partially hearing children to attend day nurseries and nursery schools for hearing children for part of the week for a period before they start to attend a special school. They derive a great deal of help from this opportunity to mix with hearing children and to learn nursery school routine."

The work of the clinic during 1967 and the preceding four years is summarised below:—

Sessions and Attendances

Year	Diagnostic			Guidance		
	No. of sessions	No. of attendances		No. of sessions	No. of attendances	
		Total	Average		Total	Average
1963	146	479	3.3	63	149	2.4
1964	167	610	3.7	71	126	1.8
1965	192	706	3.7	77	128	1.7
1966	220	803	3.7	62	129	2.1
1967	217	813	3.7	73	128	1.8

Note.—The maximum number of children who can be dealt with at one session is five.

(a) No. of individual children attending :—

(i) Old cases	...	...	...	...	...	...	237
(ii) New cases	...	...	...	...	...	...	300

(b) New cases :—

(i) Deafness confirmed	...	...	...	...	...	176
(ii) Under investigation at end of year	...	...	...	...	...	13
(iii) Found to have normal hearing after adequate investigation	...	...	...	...	...	111

Total ... 300

(c) No. in (a) (ii) who were mentally retarded	...	...	...	21
(d) No. in (b) (i) who were mentally retarded	...	...	...	6
(e) No. in (b) (iii) who were mentally retarded	...	...	...	15

Individual Children Attending—New Cases

	Age (in years) at date of first attendance																				Total	
	0—		1—		2—		3—		4—		5—		6—		7—		8—		9—		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total attending	23	12	31	26	33	14	50	26	33	19	14	7	5	2	2	—	2	1	—	—	193	107
Deafness confirmed	15	3	19	12	11	8	36	19	17	14	11	5	2	2	1	—	—	1	—	—	112	64

Results of Tests on the 176 Deaf Children

(a)	No. who had some hearing over the whole range of speech frequencies	...	...	...	...	...	171
(b)	No. who possessed merely an island of hearing	...	...				5
(c)	No. who did not respond to any sound stimuli	...	...				—
						Total	176

Of those in group (a) above :—

No. whose hearing loss was more marked in the higher frequencies	...	...	...	...	...	...	10
No. whose hearing loss was more marked in the lower frequencies	...	...	...	...	...	...	89

Vulnerable Groups.—Dr. Jean Robson reports that of the 176 children diagnosed as deaf amongst the new cases attending during the year, 166 fell into vulnerable groups aetiologically. Some fell into more than one group but each child has been assigned to one group only according to the aetiological factor which is considered to be the most important. The distribution in the various groups is as follows:—

Group							
1	...	Children with cerebral palsy...	...	...	...	...	—
2	...	Children with a family history of congenital deafness	...				10
3	...	Children who were premature	...	...	...	...	8
4	...	Children with a history of abnormality in the antenatal period	...	...	...	...	6
5	...	Children with a history of perinatal abnormality	...				7
6	...	Children who have had a severe illness or have been treated with streptomycin for any illness	...	...			1
7	...	Children who are not speaking well by the age of two years and children aged 2.5 years with speech defects	...				32
8	...	Children with a history of otitis media and/or chronic upper respiratory tract infection	...	...	...		78
9	...	Children who are not included in any of the above categories but who have some congenital abnormality	...				6
10	...	Mother suspects that child is deaf	...	...	...	...	18
						Total	166

SCREENING TESTS OF HEARING.—Health visitors need special training to carry out screening tests of hearing and an effort is made to train all the health visitors to carry out simple distracting tests suitable for children aged 6–16 months. Through the co-operation of Professor Ian G. Taylor and his staff at Manchester University practically all the health visitors on the staff at the end of 1967 have now been trained.

An endeavour is still being made to test all babies at the age of approximately 9–12 months by these simple tests, the babies in the “at risk” or vulnerable groups being recorded separately. From September, 1963, an additional group was added to the special groups, i.e., “Mother suspects that the child is deaf,” in order to bring the groups into line with those defined by Dr. Mary Sheridan in the Monthly Bulletin of the Ministry of Health, December, 1962.

Screening Tests, 1967

	No. of children tested (1)	No. failing screening tests (2)	Failure rate per 1,000 children tested (3)	No. of children in col. (2)—			
				Diagnosed as deaf (4)	Diagnosed as not deaf (5)	Still under consideration (6)	Moved to other areas (7)
In vulnerable groups ...	6,254	69	11.0	20	33	16	—
Not in vulnerable groups	12,806	37	2.9	4	20	12	1

Screening Test Failure Rates, 1963-67

Year	Children in vulnerable groups			Children not in vulnerable groups		
	No. of children —		Failure rate per 1,000 children tested	No. of children—		Failure rate per 1,000 children tested
	Tested	Failing test		Tested	Failing test	
1963	5,243	74	14.1	3,162	12	3.8
1964	6,387	106	16.6	7,868	30	3.8
1965	6,329	82	13.0	9,489	37	3.9
1966	6,613	78	11.8	11,440	38	3.3
1967	6,254	69	11.0	12,806	37	2.9

Screening Test Failures by Vulnerable Group, 1967

Group	No. of children				
	Failing screening tests	Diagnosed as deaf	Diagnosed as not deaf	Still under consideration	Moved to other areas
1. Children with cerebral palsy ...	—	—	—	—	—
2. Children with a family history of congenital deafness ...	5	2	1	2	—
3. Children who were premature ...	11	—	9	2	—
4. Children with a history of abnormality in the antenatal period ...	10	—	6	4	—
5. Children with a history of perinatal abnormality ...	6	—	4	2	—
6. Children who have had a severe illness or have been treated with streptomycin for any illness ...	1	—	—	1	—
7. Children who are not speaking well by the age of two years and children aged 2-5 years with speech defects...	5	1	2	2	—
8. Children with a history of otitis media and/or chronic upper respiratory tract infection ...	20	15	3	2	—
9. Children who are not included in any of the above categories but who have some congenital abnormality ...	4	—	3	1	—
10. Mother suspects that child is deaf ...	7	2	5	—	—
TOTAL ...	69	20	33	16	—

Screening Tests Failures by Age Group, 1967

(i) Children in vulnerable groups

Age (in years) at date of test	No. of children tested	No. failing screening tests	No. diagnosed as deaf	No. diagnosed as not deaf	No. still under consideration	No. moved to other areas
0—	4,788	35	8	18	9	—
1—	1,242	22	8	10	4	—
2—	138	3	—	2	1	—
3—	55	6	2	2	2	—
4 and over	31	3	2	1	—	—
TOTAL	6,254	69	20	33	16	—

Dental Care of Mothers and Young Children.—The following table compares the dental treatment recorded under section 22 of the National Health Service Act in 1967 with that carried out in the previous year:—

	1966		1967	
	Pre-school children	Expectant and nursing mothers	Pre-school children	Expectant and nursing mothers
No. of first inspections	3, 356	2,422	3,597	2,098
First treatment visits	3, 040	1,864	3,316	1,745
Subsequent treatment visits	2,648	3,735	2,790	3,460
Total treatment attendances	5,688	5,599	6,106	5,205
Fillings	2,932	2,768	3,465	2,491
Extractions	3,619	3,069	3,765	2,598
General anaesthetics	1,904	475	1,880	464
Other operations	1,325	967	1,384	872
Dentures—				
Patients supplied for first time with—				
Full upper and/or full lower or full with partial... ..	—	164	—	159
Partial only	—	162	—	188
Total dentures (including replacement) ...	—	495	—	469

There was a slight increase in all aspects of the dental treatment of pre-school children during the year with the exception of the number of general anaesthetics administered. Total attendances for treatment were maintained and an improvement occurred in the number of fillings. The extraction rate still remains relatively high and one of the aspects of this service which gives cause for disquiet is the numbers of young children who attend at the clinics for the first time for reasons of toothache.

The number of full dentures supplied for expectant and nursing mothers fell from 495 in 1966 to 469 in 1967 but the number of partial dentures rose from 162 to 188 in the same period. Neither change is however significant. As in previous years, since the abolition of charges for dental treatment of expectant and nursing mothers, a decline is recorded in the attendance of that category of patients.

Dental health for mother and child has received increased attention during the year and all branches of the health services concerned with the welfare of mothers and children have intensified their efforts in this direction. Health visitors in the home, at baby clinics, mothers' clubs and child welfare centres, have supplemented the dental health education programme carried out by the dental department and continuous propaganda is kept before patients by the health education service. There would appear to be a steady increase in the numbers of parents and children who are now paying attention to the hygiene and care of their teeth and gums, and who seek regular treatment from the dental practitioners of their choice.

Wherever co-ordination is possible expectant mothers receive dental examination during their attendance at ante-natal clinics and are advised to seek any dental treatment required. At the same time emphasis is placed on the need for attention to diet and oral hygiene from their own view-point, and for the benefit of their child.

During the year it was agreed that dental officers in a number of areas should undertake dental examinations as a part of a Pre-School Children's Nutrition Survey undertaken by the Ministry of Health. In last year's Report mention was made of the health department's participation in an investigation into the relationship between feeding habits and the incidence of dental decay in incisor teeth in children of one and two years of age. Dental officers and health visitors on the authority's staff co-operated in the investigation which was carried out under the auspices of the Society of Medical Officers of Health Dental Group by staff from Liverpool University.

Approximately 6·5 per cent. of all visits at school dental clinics were made by expectant and nursing mothers and pre-school children, in all some 11,311 attendances.

Special Clinics, etc.—Further facilities in relation to the welfare of pre-school children are provided at the various school clinics. The following statement shows the types of conditions for which pre-school children were examined and/or treated at these clinics during each of the past five years and the number of attendances made for the purpose:—

Type of session			No. of attendances				
			1963	1964	1965	1966	1967
Minor ailment ... ..	...	...	2,972	2,900	2,332	2,630	2,306
Ophthalmic ... ..	...	...	3,875	4,037	3,631	3,929	3,995
Ear, nose and throat ... ..	...	...	99	94	81	74	196
Orthopaedic ... ..	...	...	6,428	6,518	6,269	5,589	5,733
Ultra-violet light ... ..	...	...	2,284	2,317	2,213	1,937	1,475
Speech therapy ... ..	...	...	644	976	1,116	1,024	1,193
Orthoptic ... ..	...	...	1,119	1,407	1,380	1,191	1,097
Chiropody ... ..	...	...	280	263	204	343	252
TOTAL ... ..	...	...	17,701	18,512	17,226	16,717	16,247

Family Planning Clinics.—In February, 1966, the Minister of Health issued circular 5/66 urging local health authorities to take all possible steps to ensure the present and future development of family planning services which he regarded as an essential aspect of family welfare.

For many years the County Council have made case payments to the Family Planning Association for women referred to their clinics by the County Council's medical staff where pregnancy was likely to be detrimental to health. On receipt of the Minister's circular the County Health Committee agreed also to meet the cost of drugs and appliances provided by the Family Planning Association for such cases. They also agreed that County clinics could be used by the Family Planning Association free of charge; previously a nominal rent per session had been charged.

In general the County Council considers the needs of the women concerned are being met, so far as clinic services are concerned, by the Family Planning Association but in Stretford and adjacent areas where no such clinic is provided they agreed in January, 1967, to set up their own clinic for cases needing advice on health grounds. A clinic was opened in Stretford in November, 1967.

In March, 1967, the County Health Committee agreed that grants could be made to the Family Planning Association for cases referred to their clinics on medical grounds by general medical practitioners, in addition to cases referred by the County Council's medical staff.

In July, 1967, the Minister issued a further circular, 15/67, drawing attention to the National Health Service (Family Planning) Act, 1967, which extends the existing powers of local health authorities in order to enable them to provide (or arrange for other bodies to provide) advice on contraception and supplies for any persons who need them on social grounds and not (as hitherto) only in medical cases. This extension of the Family Planning service was still under consideration by the Health Committee at the end of the year.

The number of cases referred to family planning clinics during each of the last five years is given in the following analysis by health divisions and delegate districts :—

Health Division No.	No. of cases referred during—				
	1963	1964	1965	1966	1967
1	—	—	—	—	—
2	27	34	35	37	31
3	1	—	1	5	1
4	2	—	—	1	7
5	—	—	—	—	—
6	—	1	2	1	8
7	—	—	—	—	—
8	6	11	7	3	2
9	—	—	—	—	—
10	—	—	—	—	9
11	2	2	8	33	61
12	—	—	—	—	—
13	53	32	45	16	12
14	—	—	—	—	3
15	11	5	6	1	12
16	21	20	5	1	31
17	18	3	7	3	1
Delegate District—					
Crosby M.B. ...	—	—	—	—	—
Huyton-w-Roby U.D.	—	—	—	—	—
Middleton M.B. ...	4	—	1	1	2
Stretford M.B. ...	—	—	—	2	11
TOTAL— Administrative County	145	108	117	104	191

Of the 191 cases in 1967, seven were referred to the County Council's clinic at Stretford; 12 to a clinic operated by Rochdale County Borough Council and the remaining 172 to Family Planning Association clinics as follows:—

Clinic	No. of cases
*Ashton-under-Lyne and District F.P.A. Clinic, Cricketts Lane, Ashton-under-Lyne	1
Bolton F.P.A. Clinic, Public Health Department, Civic Centre, Bolton	11
*Eccles and District—F.P.A. Clinic, Corporation Road, Eccles	41
*Lancaster and District F.P.A. Clinic, Ashton Road, Lancaster ...	22
*Leigh and District F.P.A. Clinic, Stone House, St. Helens Road, Leigh... ..	40
*Lytham F.P.A. Clinic, Bath Street, Lytham	1
Manchester, Salford and District F.P.A. Clinic, 23 Anson Road, Manchester	17
*Middleton and District F.P.A. Clinic, Durnford Street, Middleton	2
*Morecambe F.P.A. Clinic, Euston Road, Morecambe	9
*Nelson and District F.P.A. Clinic, Leeds Road, Nelson	8
*Newton-le-Willows F.P.A. Clinic, The Gables, Crow Lane West, Newton-le-Willows	9
Oldham and District F.P.A. Clinic, Featherstall Road North, Oldham	3
Preston F.P.A. Clinic, Avenham Health Centre, Denbigh Way, (off Charlotte Street), Preston	7
Wigan F.P.A. Clinic, Millgate, Wigan	1

* Denotes clinics held in County Council premises

Care of Premature Infants.—The importance of the care of premature infants becomes greater relatively as the infantile mortality declines. Of the total of 826 deaths of infants under one year occurring in 1967 and assigned to the Administrative County, 184 were certified as due to prematurity unqualified by any other cause. The neo-natal mortality rate of premature babies was 14·3 per thousand live premature births in 1967, compared with a total neo-natal rate of 14·1 per 1,000 notified live births.

If premature babies are born at home they require special care and County Council midwives are encouraged to keep up-to-date in their knowledge of the management of premature babies by means of refresher courses and visits to premature baby units. Special cots, feeders, hot water bottles, etc., are held in each division for loan whenever the need arises.

If the premature baby requires transfer to hospital it should, if possible, be transported in a special heated carrier with facilities for the administration of oxygen. These carriers are provided by the hospital groups and all County Council ambulances have been fitted with an electric point in order that the heating of the carrier may be continued during the ambulance journey.

Arrangements exist whereby the special attention of health visitors is drawn to all premature births notified and such infants are visited as early as possible. This is particularly important in the case of infants born in hospital, while for babies born at home close liaison between the midwife and health visitor is imperative.

The following table analyses by weight group and place of occurrence all notified premature births assigned to the Administrative County in 1967. The totals by weight for the four previous years are also shown.

	Weight at birth											
	2 lb. 3 oz. or less		Over 2 lb. 3 oz. to 3 lb. 4 oz.		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		Total— 5 lb. 8 oz. or less	
	Live births	Still- births	Live births	Still- births	Live births	Still- births	Live births	Still- births	Live births	Still- births	Live births	Still- births
Number born—												
(i) At home or in private nursing homes (includ- ing maternity homes not in the National Health Service and Mother and Baby Homes)	4	1	13	5	32	5	45	3	184	7	278	21
(ii) In hospitals, including maternity homes in the National Health Service	103	55	198	109	499	120	507	51	1,144	64	2,451	399
TOTAL—1967	107	56	211	114	531	125	552	54	1,328	71	2,729	420
1966	138	93	173	131	539	122	602	54	1,462	58	2,914	458
1965	115	75	182	128	440	131	539	44	1,395	49	2,671	427
1964	130	77	213	113	512	125	573	51	1,432	62	2,860	428
1963	117	98	212	122	488	121	572	42	1,392	71	2,781	454

Of the 278 premature infants born alive at home or in private nursing homes 52 were transferred to hospital, 24 of these being 4 lb. 6 oz. or less in weight.

The incidence of prematurity amongst live births, stillbirths and total births for 1967 and for the preceding four years, together with the average for the five years 1958-62, is shown in the statement below:—

Year					Proportion (per cent.) of prematurity amongst—		
					Live births	Stillbirths	Total births
1958-62	...	...	...	...	6.9	55.5	8.0
1963	...	...	...	...	6.7	61.4	7.7
1964	...	...	...	...	6.7	56.3	7.5
1965	...	...	...	...	6.3	59.3	7.2
1966	...	...	...	...	6.9	63.1	7.9
1967	...	...	...	...	6.5	63.1	7.4

Details of premature births taking place at home in relation to the total assigned to the Administrative County are given in the following statement for each of the last five years and as annual averages for the preceding five years.

Year	Total premature births			Premature births at home			Percentage of premature births occurring at home		
	Live births	Stillbirths	Total	Live births	Stillbirths	Total	Live births	Stillbirths	Total
1958-62	2,613	454	3,067	527	49	576	20.2	10.8	18.8
1963	2,781	454	3,235	428	25	453	15.4	5.5	14.0
1964	2,860	428	3,288	446	33	479	15.6	7.7	14.6
1965	2,671	427	3,098	344	33	377	12.9	7.7	12.2
1966	2,914	458	3,372	332	26	358	11.4	5.7	10.6
1967	2,729	420	3,149	264	21	285	9.7	5	9.1

For the same period the relationship in the Administrative County of total notified live births premature live births and survival of the latter beyond 24 hours and 28 days is summarised in the following table:—

Year	Total notified live births	Premature live births					
		Total		Survived 24 hours		Survived 28 days	
		No. (3)	Per cent. of col. (2) (4)	No. (5)	Per cent. of col. (3) (6)	No. (7)	Per cent. of col. (3) (8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1958-62	37,375	2,613	7.0	2,375	90.9	2,231	85.4
1963	41,303	2,781	6.7	2,520	90.6	2,381	85.6
1964	43,006	2,860	6.7	2,599	90.9	2,453	85.8
1965	42,136	2,671	6.3	2,461	92.1	2,330	87.2
1966	42,166	2,914	6.9	2,666	91.5	2,526	86.7
1967	41,874	2,729	6.5	2,490	91.2	2,340	85.7

A summary of the deaths within certain periods of the first month of life of the premature infants notified in 1967 whose mothers were normally resident in the Administrative County area is given by birth weight below:—

Weight at birth	Premature infants born in 1967—																	
	*At home or in private nursing homes (including maternity homes not in the National Health Service and Mother and Baby Homes)						At home or in private nursing homes and transferred to hospital						In hospitals, including maternity homes in the National Health Service					
	Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2 lb. 3 oz. or less	2	100	—	—	—	—	2	100	—	—	—	—	72	69.9	17	16.5	6	5.8
Over 2 lb. 3 oz. to 3 lb. 4 oz.	3	37.5	—	—	1	12.5	2	40	—	—	—	—	66	33.3	39	19.7	3	1.5
Over 3 lb. 4 oz. to 4 lb. 6 oz.	2	13.3	1	6.7	—	—	—	—	1	5.9	—	—	58	11.6	34	6.8	5	1.0
Over 4 lb. 6 oz. to 4 lb. 15 oz.	—	—	1	3.1	—	—	—	—	2	15.4	—	—	15	3.0	10	2.0	3	0.6
Over 4 lb. 15 oz. to 5 lb. 8 oz.	3	1.8	1	0.6	—	—	—	—	3	20	1	6.7	14	1.2	18	1.6	4	0.3
TOTAL— 5½ lb. or less	10	4.4	3	1.3	1	0.4	4	7.7	6	11.5	1	1.9	225	9.2	118	4.8	21	0.9

* Including any who were subsequently transferred to hospital.

The above summary of neo-natal mortality amongst premature infants is given for each health division and delegated district in Table 9, page 157.

Care of Unmarried Mothers and their Children.—Arrangements for the care of unmarried mothers and illegitimate children are carried out by the staff of the Health Committee in co-operation with the various voluntary moral welfare associations and the Children's Department. Priority in admission to the Council's day nurseries is afforded to illegitimate children in order to enable their mothers to go out to work.

The County Council do not administer any mother and baby homes. The antenatal, maternity and post-natal care of unmarried mothers in hostels is carried out through various moral welfare societies. In all but one instance payment is made entirely on a case basis, the full cost of maintenance being met by the County Council, less any contributions received from the mothers or on their behalf. The exception is the St. Monica Maternity Home, Kendal, to which an annual grant is made under the terms of an agreement between the managers of the home and five local health authorities.

Particulars of the County cases for which accommodation has been provided during the last five years are given in the following statement:—

Year					Expectant mothers				Total cases		*Per cent.
						Post-natal cases			No.		
1963	...	...	...	...	323	...	21	...	344	...	17
1964	...	...	...	...	296	...	20	...	316	...	15
1965	...	...	...	...	338	...	25	...	363	...	15
1966	...	...	...	...	327	...	23	...	350	...	14
1967	...	...	...	...	313	...	17	...	330	...	12

* Ratio of total cases to total registered illegitimate births assigned to Administrative County area.

The numbers of unmarried expectant mothers and post-natal cases admitted to the various mother and baby homes from each health division and delegate district during 1967 are shown in Table 10, page 158.

Ophthalmia Neonatorum.—Four cases of ophthalmia neonatorum were notified during 1967 in infants born to women resident in the Administrative County area, one occurring in hospital and three amongst domiciliary births. In all cases vision was subsequently ascertained to have been unimpaired.

Welfare Foods.—Particulars of centres issuing welfare foods at the end of the year are given below, together with comparative figures for the previous year:—

	1966	1967
Child welfare centres and school clinics	261	265
Premises tenanted by the County Council for the sole purpose of distributing welfare foods	5	5
Others, e.g., shops, private houses and W.V.S. centres ...	35	30
TOTAL ...	301	300

It is necessary to employ some part-time personnel and, in addition, valuable assistance is received from many sources, *viz.*, shopkeepers, private householders and in several instances members of the W.R.V.S.—a notable contribution which is greatly appreciated.

Details of quantities issued during the year, with comparative totals for the previous year, are given in the following table:—

Issued to					National dried milk (20 oz. tins)	Cod liver oil (6 oz. bottles)	Vitamin tablets (packets of 45)	Orange juice (6 oz. bottles)
Individuals	...	...	...	...	155,009	30,491	32,047	506,278
N.H.S. hospitals	...	...	...	...	1,759	—	—	2,088
Day nurseries (including factory nurseries)	...	...	...	...	17	2,465	—	7,578
TOTAL—1967	...	...	...	...	156,785	32,956	32,047	515,944
1966	...	...	...	...	199,244	35,704	34,393	486,727

In considering the figures shown in this table it should be borne in mind that only those hospitals requiring small quantities of welfare foods obtain supplies from County Council centres, the majority ordering direct from Ministry depots. Local Education Authorities also obtain supplies of cod liver oil for children under five years of age in daily attendance at maintained schools and nursery schools direct from Ministry depots and not from local health authority distribution centres.

Day Nurseries.—The total day nursery accommodation provided by the County Council at the end of 1967 is compared below with that for each of the previous five years:—

Year				Day nurseries				Child places
1962	53	...	...	2,472
1963	53	...	...	2,488
1964	53	...	...	2,506
1965	53	...	...	2,526
1966	53	...	...	2,526
1967	51	...	...	2,456

Details of attendances, etc., at County Council day nurseries during 1967 are given in the following statement together with the corresponding figures for each of the previous four years. Particulars for 1967 in respect of each health division and delegate district are shown in Table 11 on page 159.

	1963	1964	1965	1966	1967
No. of children on registers at end of year ...	2,652	2,692	2,732	2,885	2,814
No. of children on waiting lists at end of year ...	1,432	1,709	2,046	2,363	2,285
Total no. of attendances ...	477,347	494,726	505,465	519,391	521,524
No. of children on register at end of year whose parents or guardians were categorised as :—					
Social cases ...	1,032	1,105	1,220	1,352	1,501
Others ...	1,620	1,587	1,512	1,533	1,313
*Full-time equivalent of staff employed at end of year ...	669	664	675	689	675

* Includes domestics; two students in training counted as one unit of staff.

TRAINING.—Of the 51 nurseries administered by the County Council at the end of 1967, 37 were approved for the training of nursery students. There were three nursery training schools in the Administrative County area—at Newton-le-Willows, Rossendale and Lancaster. In addition, there was an arrangement with the Burnley Education Authority to take nursery students into a County Council day nursery to obtain practical experience.

In September, 1962, the Lancashire Education Committee introduced a revised “full-time” National Nursery Examination Board training course under which students, although no longer employees of the County Council, will continue to attend day nurseries for training in the care of young children. The N.N.E.B. training scheme at Roehdale has not been altered.

Student health visitors during their training spend some three to five days in a nursery to gain practical experience in dealing with healthy children and to learn about the administration of day nurseries.

During the year three refresher courses were held, each of a week’s duration, for day nursery matrons, deputy matrons, and nursery assistants. Visits were made to various day nurseries and nursery schools.

ADMISSION TO NURSERIES—PRIORITIES.—Priority categories were first drawn up by the County Council in 1949 when preference was given to women employed in cotton, engineering and other industries, social cases being second choice and children of women wishing to work for financial reasons third. These were revised in 1952 when social cases became first choice, women employed in cotton, engineering, etc., becoming second choice and no change being made in the third category. Towards the end of 1957, the parents were divided into two groups only, *viz.*, (i) social cases, (ii) others. Thus the original primary purpose of the day nurseries in assisting women to work in industry was changed to meet the needs of social cases.

“Social cases” are persons, solely responsible for the care of young children, who must of necessity go out to work to earn a living and include unmarried mothers, widows, widowers, mothers or fathers separated, divorced or deserted. They also include families where the mothers are unable to look after their children owing to illness or confinement, or where ill-health of the father necessitates the mother going out to work and children of problem families and others in need of special day-time care.

During 1959 the Health Committee agreed that suitable handicapped children should be admitted to day nurseries even though their mothers did not go to work. Care has to be taken that the staff of a nursery are not overburdened by the admission of too many handicapped children to any nursery but there is no doubt that in suitable cases this arrangement is of benefit to the children and their parents.

ACCIDENTS IN DAY NURSERIES.—The following table gives information about accidents to children when attending County Council day nurseries during the five years 1963-1967 inclusive.

Year	No. of accidents reported	Accident rate per 10,000 attendances by age group (in years)		
		0—	2-4 inclusive	Total under 5 years
1963	103	2.0	2.2	2.2
1964	99	1.8	2.1	2.0
1965	126	2.5	2.5	2.5
1966	110	2.2	2.1	2.1
1967	82	1.5	1.6	1.6

The injuries were mostly of a minor nature although in some cases fractures were sustained. Of the 82 cases reported, 50 were referred to hospital and five to the family doctor for treatment or advice.

Nurseries and Child Minders Regulation Act, 1948.—In March, 1964, the attention of the County Health Committee was drawn to the growth in the number of playgroups in the Administrative County area. These organisations were then managed as a communal effort by mothers hiring a hall for two or three half days a week and looking after their children on a rota basis.

Although the case for registration under the Act was a marginal one, because of the difficulty of establishing whether the children were being looked after for “a substantial part of the day”, the County Health Committee decided to register such groups. They agreed however that the conditions of registration should not be as stringent as in the case of full time nurseries and requirements regarding adequate feeding of the children, medical supervision, chest x-rays of persons daily minding the children, and qualifications of such persons, were excluded.

By March, 1967 the number of playgroups registered was 55 and whilst they were generally well managed difficulties began to arise in the fact that individuals were beginning to manage “playgroups” on a commercial basis. As they were not subject to the conditions of a full time nursery when they became registered, because they only proposed initially to open for two or three half days a week, there appeared to be nothing to prevent them subsequently operating as a full time nursery without observing the conditions applicable to such a nursery.

It was therefore decided in March, 1967 that all applications for registration of “playgroups” should be dealt with as they were prior to March, 1964. It was also decided that for the purpose of this Act “a substantial part of the day” should be interpreted as being more than three hours. In playgroups operating for less than this period informal supervision and advice is available on request.

Particulars of the registrations at the end of 1967 are given by health division and delegate district in the statement below and, in total, are compared with the corresponding figures at the end of each of the preceding four years.

	Nurseries		Playgroups		Child Minders	
	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
Health Division No.—						
1	1	24	—	—	—	—
2	—	—	2	38	4	46
3	4	116	5	125	10	90
4	—	—	7	219	10	80
6	—	—	—	—	1	10
7	—	—	5	120	16	150
8	1	30	3	68	3	17
9	—	—	9	225	4	44
10	—	—	7	170	5	35
11	1	22	5	115	6	55
12	—	—	2	48	2	11
13	2	90	—	—	2	12
14	8	320	2	45	5	39
15	—	—	3	84	3	29
16	—	—	1	24	4	16
17	3	100	1	25	1	4
Delegate District—						
Crosby M.B.	—	—	3	90	3	30
Huyton-with-Roby U.D.	—	—	—	—	4	27
Middleton M.B.	—	—	—	—	1	4
Stretford M.B.	2	85	2	40	7	46
TOTAL—1967	22	787	57	1,436	91	745
1966	31	1,332	51	1,258	67	533
1965	28	1,226	16	398	56	409
1964	29	1,274	7	167	44	311
1963	34	1,370	—	—	32	237

Notified Births.—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the medical officer of health of the welfare authority for the area in which the birth takes place. The County Council are the welfare authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the medical officer of the health division or delegate district in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors is greatly facilitated.

The numbers of notified births occurring in each area during the year 1967 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

Health Div. No.	In hospitals, maternity homes, etc.								In the home								TOTAL							
	Live births						Still-births	Live births						Still-births	Live births						Still-births			
	Prema-ture		Mature		Total			Prema-ture		Mature		Total			Prema-ture		Mature		Total					
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.				
1	7	5	148	148	155	153	—	1	2	1	41	40	43	41	2	—	9	6	189	188	198	194	2	1
2	63	62	818	803	881	865	22	7	7	3	114	95	121	98	—	1	70	65	932	898	1,002	963	22	8
3	14	20	418	439	432	459	4	—	4	—	185	172	189	172	—	1	18	20	603	611	621	631	4	1
4	112	128	1,277	1,304	1,389	1,432	18	14	7	10	479	462	486	472	—	—	119	138	1,756	1,766	1,875	1,904	18	14
5	25	36	784	796	809	832	7	2	5	8	121	117	126	125	2	4	30	44	905	913	935	957	9	6
6	10	18	319	285	329	303	—	2	6	3	145	137	151	140	—	1	16	21	464	422	480	443	—	3
7	37	28	592	559	629	587	13	9	2	3	189	162	191	165	—	—	39	31	781	721	820	752	13	9
8	145	124	1,364	1,220	1,509	1,344	38	38	6	5	338	315	344	320	1	2	151	129	1,702	1,535	1,853	1,664	39	40
9	108	102	1,137	988	1,245	1,090	*30	29	9	16	472	407	481	423	2	3	117	118	1,609	1,395	1,726	1,513	*32	32
10	—	—	—	—	—	—	—	—	10	11	359	312	369	323	2	1	10	11	359	312	369	323	2	1
11	176	180	1,791	1,612	1,967	1,792	53	40	12	10	351	294	363	304	3	5	188	190	2,142	1,906	2,330	2,096	56	45
12	17	30	423	426	440	456	4	5	11	4	315	305	326	309	1	1	28	34	738	731	766	765	5	6
13	88	85	836	801	924	886	20	14	4	12	239	215	243	227	3	—	92	97	1,075	1,016	1,167	1,113	23	14
14	—	—	—	—	—	—	—	—	10	8	284	219	294	227	—	1	10	8	284	219	294	227	—	1
15	—	—	—	—	—	—	—	—	2	9	227	241	229	250	—	—	2	9	227	241	229	250	—	—
16	70	74	937	815	1,007	889	24	20	—	6	68	98	68	104	—	—	70	80	1,005	913	1,075	993	24	20
17	116	105	890	827	1,006	932	35	33	19	14	383	366	402	380	5	1	135	119	1,273	1,193	1,408	1,312	40	34
Delegate District—																								
Crosby M.B. ...	4	9	184	192	188	201	1	3	—	3	59	51	59	54	—	1	4	12	243	243	247	255	1	4
Huyton-w-Roby U.D.	—	—	1	—	1	—	—	—	1	7	136	105	137	112	—	—	1	7	137	105	138	112	—	—
Middleton M.B.	—	—	—	—	—	—	—	—	3	1	127	128	130	129	—	—	3	1	127	128	130	129	—	—
Stretford M.B. ...	14	16	319	316	383	332	—	2	6	4	46	52	52	56	—	1	20	20	365	368	385	388	—	3
Administrative County ...	1006	1022	12238	11531	13244	12553	269	219	126	138	4678	4293	4804	4431	21	23	1132	1160	16916	15824	18048	16984	290	242

Note.—A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

*Includes one stillbirth, sex unknown.

In contrast to the above table, the statement inserted below provides for the year 1967 details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after reassignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter relate to *notified* births and therefore, although corrected for transfers, differ in some small degree from the numbers of *registered* births used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								TOTAL							
	Live births						Still- births	Live births						Still- b'ths	Live births						Still- births			
	Prema- ture		Mature		Total			Prema- ture		Mature		Total			Prema- ture		Mature		Total					
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.				
Total no. occurring in Administrative County	1,006	1,022	12,238	11,531	13,244	12,553	269	219	126	138	4,678	4,293	4,804	4,431	21	23	1,132	1,160	16,916	15,824	18,048	16,984	290	242
No. transferred out of Administrative County to areas of other L.H. authori- ties... ..	393	434	3,733	3,559	4,126	3,993	100	86	—	—	12	13	12	13	—	1	393	434	3,745	3,572	4,138	4,006	100	87
No. occurring in and belonging to Admin- istrative County ...	613	588	8,505	7,972	9,118	8,560	169	133	126	138	4,666	4,280	4,792	4,418	21	22	739	726	13,171	12,252	13,910	12,978	190	155
No. transferred into Administrative County from areas of other L.H. authorities... ..	586	678	7,150	6,551	7,736	7,229	†	144	—	—	7	14	7	14	—	—	586	678	7,157	6,565	7,743	7,243	†	144
Final no. belonging to Administrative County	1,199	1,266	15,655	14,523	16,854	15,789	‡	277	126	138	4,673	4,294	4,799	4,432	21	22	1,325	1,404	20,328	18,817	21,653	20,221	‡	299

Note.—A birth is regarded as "premature" if the birth weight is 5½ lb. or less

*Includes one stillbirth, sex unknown.

†Includes two stillbirths, ,, ,,

‡ " three " " "

The widening of the ratio of institutional to domiciliary births which has been a feature for some years was continued in 1967, as the following statement shows:—

Year	Proportion (per cent.) of notified births assigned to Administrative County area and occurring—					
	In hospitals, maternity homes, etc.			In the home		
1963	70·0	30·0
1964	71·7	28·3
1965	73·9	26·1
1966	76·3	23·7
1967	78·2	21·8

MIDWIFERY

The County Council provide a midwifery service by the employment of full-time midwifery sisters in urban areas and district nursing-midwifery sisters in the rural areas. The numbers employed on the 31st December, 1967, including those in the delegate districts, are shown in the statement below in comparison with those employed in the previous four years.

<i>Whole-time staff—</i>	No. employed at end of year									
	1963		1964		1965		1966		1967	
Midwives	230	...	240	...	251	...	243	...	241	...
Nurse-midwives	72	...	66	...	67	...	65	...	69	...
<i>Part-time staff—</i>										
Midwives or nurse-midwives	6	...	9	...	10	...	10	...	13	...
<i>Total equivalent whole-time staff engaged in midwifery</i>	244	...	254	...	263	...	254	...	248	...

Supervision of midwives throughout the Administrative County area is carried out by a non-medical supervisor of midwives, a deputy and three assistant supervisors, whilst the nursing-midwifery sisters are supervised by the district nursing superintendents.

Confinements occurring in the Administrative County area were 266 fewer than in the preceding year, those attended by County Council midwives and nurse-midwives accounting for 26·3 per cent. of the whole.

The following table shows the number of confinements attended by midwives in the various services during each year from 1963 to 1967. These figures do not include miscarriages.

				Total confinements attended				
				1963	1964	1965	1966	1967
(a) Local Health Authority services—								
County Council midwives	...	...	...	11,844	11,612	10,597	9,618	8,841
County Council nurse-midwives	...	...	...	725	723	568	523	483
(b) Hospital services—								
In State hospitals	...	...	...	23,534	24,736	25,222	25,187	25,618
In voluntary hospitals	...	...	...	—	—	—	—	—
(c) In private practice—								
Domiciliary	...	...	...	5	6	2	6	1
Nursing homes, etc.	...	...	...	583	604	481	366	491
TOTAL—All services				36,691	37,681	36,870	35,700	35,434

In addition to these confinements, County Council midwives and nurse-midwives attend cases discharged from hospital before the end of the minimum lying-in period as defined by the Central Midwives Board, and during 1967 they made 80,595 visits to 18,775 such cases as compared with 70,504 visits to 16,804 cases in 1966. The 1967 figures represent increases of 14 per cent. and 11 per cent. respectively over those for the preceding year. In further illustration of the growing tendency towards the early discharge of mothers from hospital, the case totals quoted earlier in this paragraph amounted in 1966 to 53 per cent. and in 1967 to 58 per cent. of cases belonging to the Administrative County area which were confined in hospital.

The County Council midwives and nurse-midwives also attended 167 miscarriages.

Oxygen Resuscitators.—At the end of the year 313 midwives and nurse-midwives were in possession of oxygen resuscitators.

District Training of Pupil Midwives.—Forty-eight of the County Council's midwifery sisters are approved by the Central Midwives Board as pupil midwife teachers and give instruction in domiciliary midwifery to pupil midwives taking their Part II training. During the year 95 pupils from eight hospitals in the Administrative County area completed their district training under these arrangements.

Post-Graduate Training.—In accordance with the rules of the Central Midwives Board, 51 County Council midwifery sisters and district nursing-midwifery sisters attended a residential refresher course during 1967.

In addition, three of the County Council's supervisory staff attended a residential post-graduate course for supervisors of midwives at Birmingham University, from the 2nd to the 7th April, 1967.

Three supervisory staff attended a symposium arranged by the Royal College of Midwives at Nuffield Hall, London, on the 3rd March. The subject was "Preparation for Parenthood".

A half-day refresher course was held at the County Hall, Preston, on the afternoon of the 13th April and repeated on the 18th April. Mr. H. H. Francis, Consultant Obstetrician and Gynaecologist, Liverpool Maternity Hospital, spoke on "Recent Advances in Rhesus Incompatibility". Midwifery sisters and district nursing-midwifery sisters attending numbered 341, including 76 from other authorities.

First-Aid in Midwifery.—As in previous years the County supervisor of midwives and her assistants gave lectures on "First-Aid in Midwifery" to newly appointed ambulance drivers and attendants.

Motor Transport.—At the end of 1967, 238 of the 241 whole-time midwifery sisters employed were using a motor car for official duties. Fifty of the cars were owned by the County Council, the remainder being privately owned. Details of transport used by nursing-midwifery sisters are given in the home nursing section of this report.

Pupil Midwives' Hostels, Kirkby and Prestwich.—During the year 28 pupil midwives stayed at these hostels, 12 at the Kirkby hostel and 16 at Prestwich, whilst undertaking their three months district training.

Housing of County Council Midwifery Sisters.—Of the 241 whole-time midwifery sisters employed on the 31st December, 1967, 55 occupied houses owned by the County Council, 38 occupied houses rented by the County Council from local districts councils, one occupied a house rented by the County Council from a private owner, whilst twelve occupied houses let direct to them by local district councils. The remaining 135 midwifery sisters provided their own living accommodation.

General Practitioner Maternity Unit, Hope Hospital, Salford.—In March, 1966, after consultation with general practitioners, Salford City Council, Salford Hospital Management Committee and the Manchester Regional Hospital Board, the County Council agreed to take part in an experimental scheme for the admission, delivery and immediate transfer home of patients to be dealt with by domiciliary midwifery sisters employed by the County Council and Salford City Council together with general practitioners at the Maternity Unit, Hope Hospital, Salford.

Basically the idea is for the midwifery sister and/or the general practitioner to go into this unit with the patient, deliver her, and take her home within a few hours of delivery. If the delivery occurs during the night the patient will be kept in over-night. If a complication develops during labour the patient will be transferred to one of the labour wards in the specialist unit on request by the general practitioner to the registrar on duty. The patient will then come within the full jurisdiction of the hospital staff, though the midwifery sister and the general practitioner will be encouraged to follow the patient through. The patient while in the general practitioners' unit is the responsibility of the general practitioner.

The scheme will enable patients who would otherwise be delivered at home to be delivered in hospital. The type of patient to be admitted will be in one of the following categories:—

- (1) Healthy primigravida or multipara whose home conditions are good, but who for emotional reasons requires the "safety" of hospital precincts.
- (2) Patient whose home conditions are border line, if it is considered the home is fit for early discharge.
- (3) Pregnant woman with good home who has had some minor obstetrical complication in a previous pregnancy which is unlikely to recur but is causing anxiety to her.

During 1967 there were 112 births in the unit to patients residing in the Administrative County area.

STATISTICS

ALL MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA

Roll of Midwives.—The following table shows the distribution of all midwives on the County roll on the 31st December, 1967, in the various types of service :—

Type of service	No. of midwives
(a) Local Health Authority services—	
County Council midwives	250
County Council nurse-midwives	74
(b) Hospital services—	
In State hospitals... ..	376
In voluntary hospitals	—
(c) In private practice—	
Domiciliary	2
Nursing homes, etc.	10
TOTAL—All services	712

COUNTY COUNCIL MIDWIFERY SERVICE

The following table gives the numbers of confinements and miscarriages attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during 1967 and the four previous years :—

	1963		1964		1965		1966		1967	
	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives
Confinements	11,844	725	11,612	723	10,597	568	9,618	523	8,841	483
Miscarriages	207	18	148	21	138	13	166	19	159	8
TOTALS... ..	12,051	743	11,760	744	10,735	581	9,784	542	9,000	491
	12,794		12,504		11,316		10,326		9,491	

The numbers of visits made by County Council midwives and nurse-midwives during 1967 are given below, together with the figures for the previous four years.

	VISITS PAID				
	1963	1964	1965	1966	1967
Midwives	304,675	310,012	287,235	260,024	237,684
Nurse-midwives	21,218	21,888	17,145	15,876	14,353
TOTAL	325,893	331,900	304,380	275,900	252,037
Visits to mothers confined in hospital and discharged before the 10th day... ..	26,375	45,036	57,839	70,504	80,595

Particulars of bookings of the general practitioners in connection with the confinements attended in 1967 by County Council midwives and nurse-midwives are given in the following table :—

	CONFINEMENTS			TOTAL BIRTHS
	Doctor not booked	Doctor booked	Total	
Midwives	170	8,671	8,841	8,868
Nurse-midwives	13	470	483	485
TOTAL	183	9,141	9,324	9,353

Of the 9,324 mothers attended in confinement by County Council midwives and nurse-midwives 9,141 or 98·0 per cent. had also booked a doctor.

The use of the different types of inhalational analgesic during the last five years is shown below :—

Year	Total confinements attended by County Council midwives and nurse-midwives	Confinements at which inhalational analgesic was administered		Confinements at which the following inhalational analgesics were administered					
				Gas/air		Nitrous oxide/oxygen		Trilene	
		No.	*Per cent.	No.	*Per cent.	No.	*Per cent.	No.	*Per cent.
1963	12,569	10,435	83	510	4	—	—	9,925	79
1964	12,335	10,151	82	452	4	—	—	9,699	79
1965	11,165	9,241	83	254	2	108	1	8,879	80
1966	10,141	8,166	81	60	1	138	1	7,968	79
1967	9,324	7,337	79	63	1	505	5	6,769	73

* Of total confinements attended by County Council midwives and nurse-midwives.

The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births occurring in the Administrative County is shown in the statement below :—

	1963	1964	1965	1966	1967
(a) Total No. of live and still births occurring in the Administrative County	37,119	38,048	37,225	35,987	35,564
(b) No. of (a) which were domiciliary ...	12,643	12,419	11,233	10,183	9,279
(c) No. of (b) which were attended by County Council midwives and nurse-midwives	12,610	12,377	11,200	10,158	9,240
(d) Percentage of (c) to (a)	34·0	32·5	30·1	28·2	26·0
(e) Percentage of (c) to (b)... ..	99·7	99·7	99·7	99·8	99·6

Of the total births to mothers normally resident in the Administrative County area, 21·8 per cent. were domiciliary (see page 54).

In the following statement particulars are given for 1967 and each of the four preceding years of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives.

	1963	1964	1965	1966	1967
<i>Deaths of mother or child (including deaths after removal to hospital)—</i>					
No. of live and still births attended ...	12,610	12,377	11,201	10,165	9,353
No. of deaths of mother	6	2	1	—	1
No. of deaths of child	55	54	45	30	20

Criteria for Booking of Domiciliary Confinement.—Since the beginning of 1964 arrangements have been in operation throughout the Administrative County area by which some appraisal is possible as to the extent to which the generally accepted criteria for home confinement are fulfilled in relation to those expectant mothers who book a County Council district midwifery sister for their confinement. These criteria, as published in the Ministry of Health Reports on Confidential Enquiries into Maternal Deaths in England and Wales since 1958, are:—

1. As far as can be ascertained the woman's general physical state is unimpaired.
2. She is pregnant for the second, third or fourth time, the previous pregnancies, labours and puerperia have been normal and she is under 35 years of age.
3. She is a primigravida under 30 years of age.
4. She is Rhesus positive, or is known to have no antibodies.
5. The home conditions are suitable.

From experience gained in the collation and analysis of the information obtained in 1964, collection of data relating to the Rhesus factor has not been undertaken in subsequent years. This was decided as a result of the difficulties and delays often involved in securing such data and the fact that less than one per cent. of all expectant mothers may be expected to be Rh. negative with antibodies.

During 1967, information relative to 8,602 bookings was analysed as shown in the following table. In considering this, regard must be had to what may appear to be discrepancies in that women stated to be pregnant for the first time are shown to have had previous abnormal pregnancies. This arises from differences of definition inasmuch as for the purpose of the classification "Pregnant first time" previous abortions are disregarded, whereas under the heading "Previous pregnancies, labours and puerperia" abortions or ectopic gestations are treated as previous abnormal pregnancies.

Pregnancy/age	Total booked	Patient's physical state		Previous pregnancies labours and puerperia		Home conditions		*Domiciliary criteria fulfilled
		Satisfactory	Not satisfactory	All normal	Not all normal	Suitable	Not suitable	
Pregnant 1st time—								
Under 30 years	615	611	4	—	16	606	9	586
30 years and over	18	18	—	—	2	18	—	—
Pregnant 2nd, 3rd or 4th time—								
Under 35 years	6,847	6,824	23	5,761	1,086	6,786	61	5,703
35 years and over	416	413	3	342	74	411	5	—
Pregnant for 5th or more times—	706	690	16	500	206	675	31	—
TOTAL	8,602	8,556	46	6,603	1,384	8,496	106	6,928

*Rhesus factor ignored.

It must be pointed out that the above figures represent the position at the time of booking. Many cases shown on booking to be unsuitable for home confinement are subsequently delivered in hospital, often after consultation between the divisional medical officer and the family doctor.

There was again a reduction in the proportion of cases which on the basis of age and parity alone should have been booked for hospital and not for domiciliary confinement. The number of such cases was 1,140, which represented 13·3 per cent. of the 8,602 cases booked in 1967. This was 1·2 per cent. lower than the corresponding rate in the previous year, and continues the trend which has been noted each year since 1964, when the proportion of such cases was 19·3 per cent. County Council midwifery sisters are urged to do everything possible to persuade the older multiparae to have their babies in hospital rather than to follow their known preference to have them at home. It would appear that this advice given by the midwifery sisters together with that of general practitioners, obstetricians and the divisional medical staffs is having some effect.

As will be seen from the table below the improvement referred to is also reflected in the proportion of bookings where all the criteria (excluding the Rhesus factor) are taken into consideration.

Four months ended	Percentage fulfilling domiciliary criteria							
	By age/parity only				*All criteria			
	1964	1965	1966	1967	1964	1965	1966	1967
30th April	79·0	82·3	84·3	86·2	†	67·9	71·4	72·6
31st August	80·7	81·8	84·7	86·5	†	68·8	71·9	73·3
31st December	82·0	85·1	87·5	87·7	69·2	70·5	74·3	73·6
Whole year	80·7	83·0	85·5	86·7	†	69·0	72·6	73·1

*Rhesus factor ignored.

†Not available.

HEALTH VISITING

The health visiting service of the County Council is provided by the direct employment of qualified health visitors who also perform the duties of school health visitor within the school health service.

The professional supervision of the service is carried out by the superintendent health visitor, a deputy and eight area superintendents. At the end of the year there were 409 health visitor/school nurses, compared with 425 at the end of 1966. There were also 124 school/clinic nurses (S.R.N. or S.E.N.) assisting the health visitors with school health work and in clinics. In spite of continuous efforts in recruitment there was a slight decrease in the number of health visitors employed. The assistance of state registered and state enrolled nurses—many of whom are employed part-time—as school/clinic nurses has, therefore, become increasingly necessary. Some state registered nurses are encouraged to take their health visitor training as a result of working in the first place as school/clinic nurses.

There were 16 tuberculosis visitors, some of whom also assist in school health and clinic duties. The tuberculosis work is becoming gradually merged with the health visitors' general duties as the original tuberculosis visitors retire or resign.

The County Council continued the scheme under which, in order to stimulate recruitment, financial assistance is granted to nurses to undertake training leading to the health visitors certificate. During the year the 13 student health visitors who had been assisted in this way all succeeded in obtaining the certificate. One student—formerly a school/clinic nurse—who has an M.A. degree, is attending a course of health visitor training specially created for her at Manchester University.

During 1967 health and tuberculosis visitors in the Administrative County area visited a total of 246,761 cases. Visits paid during each of the last five years are shown below and similar information by health division and delegate district for 1967 is given in Table 12, page 160, together with an analysis of the cases visited, classified in accordance with the requirements of the Ministry of Health.

Year	Visits paid by health and tuberculosis visitors to—								Total
	Expectant mothers	Children under 5 years	Adults (excl. expectant mothers and tuberculous)		Tuberculosis				
					Cases		Contacts		
			Under 65 yrs.	65 yrs. and over	Under 65 yrs.	65 yrs. and over	Under 65 yrs.	65 yrs. and over	
1963	20,666	475,071	24,103	55,530	32,307	2,401	39,093	1,351	650,522
1964	19,657	502,890	23,930	60,404	25,576	2,165	32,999	1,027	668,648
1965	18,661	490,949	24,485	66,643	20,727	2,462	27,783	1,011	652,721
1966	18,456	492,224	27,763	72,387	18,764	2,445	24,724	1,216	657,979
1967	16,968	482,388	29,385	67,738	15,656	2,550	21,699	1,338	637,722

Educational work of health visitors.—Health visitor students from the Liverpool, Bolton, Bradford, Manchester and London training colleges accompanied health visitors in various parts of the County for practical training. Students from hospitals, day nurseries, nursery schools and from the social studies departments of Manchester and Liverpool Universities and the Harris College, Preston, spent time with the health visitors to gain an understanding of their work. Due to an increasing number of student and pupil nurses at Manchester Royal Infirmary, the surrounding divisions are now giving some of them the opportunity to see public health work in the county. A further group of students taking part in an integrated nurse training course at Manchester University accompanied the health visitors for their practical training. Student teachers from the Edge Hill and C. F. Mott Colleges of Education observed the sphere of work undertaken by the health visitors. Individual students from other teacher training colleges have also visited the child welfare centres, school clinics and nurseries in connection with projects they are studying. Senior school children doing civics or mothercraft courses also visited clinics and other departments.

Lectures were given by the senior staffs to mature child care students at Liverpool University, to student nurses in hospital, to a pre-nursing course, a medical secretaries' course, to teacher/social worker students at a college of education, and to other student teachers in two teacher training colleges. Talks were also given at careers conventions on all aspects of nursing. Two special lectures were given to some 160 students and staff at a teacher training college. At the Police Training College 70 policewomen heard of the work of the health visitor and discussed how the two services could co-operate and work together for the benefit of mothers and young children.

One area superintendent and a health visitor shared in the programme of talks given at the Housemothers' Course at the Children's Department Training Centre, Kirkham.

Two health visitors again gave courses of talks, with relaxation classes, to the mothers in the moral welfare homes at Wilpshire and Lancaster. Two health visitors continued to act as health tutors to nursery students, pre-nursing students and cadets at the Lancaster and Rossendale Colleges of Further Education. Talks were given by the supervisory and field staff to such varied groups as the St. John Ambulance Brigade, Junior Red Cross, Mothers' Unions, Young Wives Fellowships, Old People's Clubs, Old People's Welfare Committees, Parent Teacher Associations, Boy Scouts and Girl Guides, Youth Clubs, Women's Institutes, Townswomen's Guilds, Social Workers' Groups, Rotary Clubs and Business and Professional Women's Clubs.

Health visitors have spoken to groups of women who have, or are planning to organise play groups. Some courses are being run at Colleges of Further Education and health visitors have been invited to take part.

The amount of teaching in schools and clinics by health visitors continued to increase. Head Teachers ask for the health visitors to take part in health education and mothercraft and in many schools, including grammar schools, time is set aside for this subject to be included in the school curriculum. In the Little Hulton area the health visitors organised a competition of poster painting illustrating the "Dangers of Smoking" following talks by them in junior schools. Prizes were presented in connection with this competition at a successful evening during which the Health Education Service showed a film to the children and their parents. Talks to senior boys and girls continued in accordance with the syllabus for the Duke of Edinburgh award.

The facilities provided at new clinics have encouraged educational work, especially at antenatal clinics and relaxation classes, and more health visitors and midwives have been trained to teach relaxation and exercises to the mothers who attend. In some areas evening classes are being held. As a result of this work three members of the county staff were invited to take part in a symposium at the Annual Conference of the Obstetric Association of Chartered Physiotherapists.

Mothers clubs continue to flourish and several new ones have opened during the year. These clubs continue to form a close liaison between the parents and health visitors. Talks are arranged on all aspects of parent craft, health education and allied subjects of interest whereby a wider appreciation and understanding of the local health authority and other services is developed and the interest of parents maintained in the well-being of their families.

In Grange-over-Sands a centre, in which the two health visitors have their base, was opened during the year and classes for the mothers in relaxation and mothercraft have now started. At Christmas the two health visitors gave an "At Home" to welcome all other colleagues in the area and among those who attended were general practitioners, police, medico-social workers, nursing service personnel, medical officers and the moral welfare worker. The general practitioners call in to see the health visitors and there has been a great improvement in liaison in this area.

Health visitors are carrying out health education in a simple form with immigrant children, in some areas with the teacher acting as interpreter.

During the year many girls continued to take the course of mothercraft as planned by the National Association for Maternal and Child Welfare and most took the examination at the end of the course. This course is becoming increasingly popular each year and members of the health visiting staff act as lecturers and examiners. As this is probably the only opportunity for many of these girls to obtain this sort of knowledge which will be so important to them within a few years, the co-operation with the schools in this subject is valued.

Co-operation with General Practitioners.—Although, as yet, only one division has full attachment of health visitors to general practitioners active co-operation between health visitors and general practitioners is increasing. More health visitors are linked (either for liaison or by full attachment) with groups of general practitioners and these schemes are bringing good results.

This has made a marked change in the pattern of the health visitors' work. Instead of having a circumscribed geographical area, she now visits over a much wider area. Many visits are at the express request of the general practitioner besides the normal visiting and other duties the health visitor undertakes. General practitioners are requesting this service from the local authority in more areas of the county.

In 1967 more liaison schemes and several new attachments were started. In other areas discussions were under way to develop this method of working together by staff and doctors. Health visitors on the whole like this way of working although there are sometimes "teething" troubles to be overcome. The administrative staff are constantly on the alert to ensure that the health visitors' services are being used to the greatest advantage. In Health Division No. 3 in 1967 nine health visitors were introduced into new attachment schemes with general practitioners. In some areas the general practitioners are using clinic premises for conducting their surgeries and clinics and this is fostering good relationships. In other areas the general practitioners are conducting their own well baby clinics, with the health visitors assisting.

At one hostel for mentally handicapped children the area superintendent and a health visitor make regular visits for the purpose of maintenance of health of the children. The general practitioner to whom the health visitor is attached is also the doctor for the hostel.

In October a questionnaire was completed at the request of the Ministry of Health on attachment or liaison schemes of health visitors with family doctors and some figures from this questionnaire are given below:—

Proportion of total number of family doctors in Lancashire associated with attachment/liaison schemes	Per cent.
... ..	28·5
Proportion of these doctors working in groups or partnerships of three or four members...	54·7
Proportion of health visitors working in some kind of attachment or liaison schemes with family doctors	35·0

Co-operation with hospitals.—Co-operation with hospital staffs varies in form. In one division for example, a health visitor accompanies the geriatrician on domiciliary visits, 35 such visits being made during the year. In another area family care conferences have been established, where the geriatrician, health visitor, social worker and family meet to discuss the situation and problems of the geriatric patient. The health visitor visits with the geriatrician and after discussion arranges with colleagues that any help required is obtained.

In Health Division No. 5 a scheme of hospital liaison has been started. This was at the request of the geriatrician. The health visitor visits the hospital once a week, joins the ward rounds and discusses with other hospital staff the problems that arise concerning the aged persons in hospital and those attending the day centre. This is followed up by exchange of information with the family health visitor and other members of staff to ensure the elderly person's needs are met.

In Health Division No. 10 one of the chest physicians has become the geriatrician and the tuberculosis visitor is undertaking liaison work with him in this field of work and working closely with the health visitors.

In general, liaison with hospitals continued to expand and in many areas health visitors, on a rota basis, attend geriatric, paediatric, diabetic and chest clinics. The consultants have expressed appreciation of the value of this close co-operation. Some health visitors attend hospital antenatal clinics and also visit the maternity wards so that they meet the mothers before and after babies are born to help with any problems. In some areas consultants have attended staff meetings to inform health visitors of changes in treatment and after-care.

In Health Division No. 15 the health visitors are continuing to co-operate with the Royal Manchester Children's Hospital, Pendlebury, in Dr. Komrower's "Happy Family Survey" by collecting specimens of babies' blood, the aim being to find early metabolic disorders in young children. In Health Division No. 9 in Kirkby, the health visitors are assisting Dr. Hudson of Alder Hey Children's Hospital with his metabolic research. They are taking specimens of blood from babies' heels for the Guthrie test and also samples of urine for the Guthrie urine test.

Co-operation between health visitors and hospital social workers continued to prove of value. In one maternity hospital a County and a County Borough health visitor visit the lying-in wards for mothercraft teaching and discussion groups, an arrangement which is proving most successful. In some areas health visitors take groups of expectant mothers to visit the local maternity hospital or take mothercraft and relaxation classes in the hospitals. On the other hand, midwifery sisters from the hospital may attend local authority antenatal clinics to inform the mothers of the hospital regime.

During the year a mother and baby unit was formed as part of the female psychiatric section of Whittingham Hospital. Since June there has been a health visitor liaison scheme in operation. One of the health visitors visits the hospital weekly to discuss infant feeding and management with the mothers. She also advises the staff on the care of any toddlers there. Contact between this health visitor and the health visitors in the areas from which the mothers have come is maintained. The family health visitor is notified when the mother, with her baby, is ready for discharge. This liaison scheme began at the request of the hospital after members of the staff had attended the nearby village child welfare centre with the mothers. Visits have also been arranged to the day nurseries in the division for the ward staff to observe what is involved in child care.

Training and Refresher Courses.—Members of the staff attended post certificate refresher courses organised by the Royal College of Nursing, the Health Visitors' Association and the Central Council for Health Education. Many attended the intensive teaching courses organised by the Health Visitors' Association, the Central Council for Health Education and courses run by other local authorities.

More staff meetings have been held in the divisions during the year and often outside speakers and members from other health and welfare departments have talked about their work. Good discussions have followed this type of meeting. In Health Division No. 2 staff meetings often take place at the Post-Graduate Medical Centre and the health visitors are also encouraged to take full advantage of lunch time and evening meetings held at this centre where they have the opportunity to meet other workers in the area, particularly the general practitioners.

In 1966 the new syllabus of health visitor training came into force, and this has raised the academic level required of students. It is now recommended that candidates born since 1936 should have five "O" level G.C.E. subjects. Many young applicants are being advised to do further academic study so that they will be acceptable to the training colleges. In September, 1967, nineteen students commenced the course. The training lasts one full calendar year instead of an academic year as in the past. The content of the syllabus includes much more sociology than before and practical experience has been increased. Six more health visitors attended courses for field work instructors organised by the Royal College of Nursing and the Health Visitors' Association to enable them to undertake practical training of students. Sixteen field work instructors, who already have had experience in training students for the new syllabus, attended a further course of training for recognised field work instructors at Manchester University. The Training Council lays down that these field work instructors should carry a case load of not more than 300 families so that they have time to devote to this important task of training the health visitor of the future.

The annual one-day conference for the health visiting staff was held at the County Hall on the 9th March and repeated on the 21st March. The speakers were Policewoman Superintendent L. J. Leach, of the Lancashire County Police, on "The work of the Women Police", and Dr. R. D. Young, Consultant Chest Physician, North Lancashire and South Westmorland Hospital Management Committee, on "Present day problems and progress in tuberculosis and chest diseases". Following the lectures there was general discussion during which questions were answered.

Screening for Phenylketonuria.—Since May, 1961, arrangements have existed for health visitors to undertake the routine testing of the urine of infants for phenylketonuria and the results are shown in the table below. Since the scheme started and up to approximately the end of September, 1963, one test was carried out at 4-6 weeks of age, but since that date, on the recommendation of the Ministry of Health, this has been preceded by a test at the age of 10-14 days where arrangements can be made.

Year	No. of tests	No. positive to screening tests	Results of further investigation		
			Phenylketonuria confirmed	Incidence ratio of phenylketonuria	Phenylketonuria not confirmed
1963 (from October)	8,221	1	<i>Tests carried out at ages of 10-14 days</i>		
1964	37,213	*3	—	nil	1
1965	37,364	3	*1	1/37,213	2
1966	38,077	1	3	1/12,455	—
1967	36,868	1	1	1/38,077	—
			1	1/36,868	—
TOTAL	157,743	*9	*6	1/26,291	3
1961 (from May)	15,347	—	<i>Tests carried out at ages of 4-6 weeks</i>		
1962	32,295	3	—	nil	—
1963	34,403	8	1	1/32,295	2
1964	33,917	*4	4	1/8,601	4
1965	34,167	3	*2	1/16,954	2
1966	34,534	3	—	nil	3
1967	34,053	1	2	1/17,267	1
			1	1/34,053	—
TOTAL	218,716	*22	*10	1/21,872	12

* One case included in both age groups.

HOME NURSING

The County Council provide a domiciliary nursing service by the direct employment of whole-time district nursing sisters and district nurses.

Staffing.—Details of the numbers of staff employed in 1967 and in each of the four preceding years are given in the statement below:—

					No. employed at end of year				
					1963	1964	1965	1966	1967
<i>Whole-time staff—</i>									
Nurses (general nursing only)	...	...	...	...	427	449	483	516	544
Nurses (general nursing and midwifery)	...	...	...	...	65	61	62	60	63
Nurses (general nursing, midwifery and health visiting)	...	...	...	...	7	5	5	5	6
Nursing auxiliaries	...	...	...	...	—	—	—	24	55
<i>Part-time staff—</i>									
Nurses	...	...	...	...	10	15	22	21	20
Nursing auxiliaries	...	...	...	...	—	—	4	9	16
<i>Total equivalent whole-time staff engaged in home nursing</i>					493	511	553	610	689

Of the 668 whole-time nurses employed on the 31st December, 1967, 473 were state registered of whom 440 or 93 per cent. were "district" trained and 140 were state enrolled nurses engaged in the main in nursing the aged and chronic sick.

The supervision of district nursing sisters and district nurses was carried out by a superintendent, a deputy superintendent and ten area superintendents. Two nurse tutors are also employed at the nurses' training centre.

STAFF ESTABLISHMENT.—In December, 1965, it was decided that female nursing auxiliaries should be employed to deal with the bathing and dressing of handicapped and aged female patients under the supervision of a qualified nurse so that qualified nursing staff could be released for more important duties. These auxiliary nurses are given a course of instruction by the County Council's nursing supervisory staff prior to commencing work on the district. A course was held in October, 1967, lasting ten days. A study day for all nursing auxiliaries was also held on the 14th November, 1967. The subject was "Strokes" and Dr. G. Lloyd, general practitioner, Miss F. M. Tonge, district nurse tutor, and Miss P. Brown, physiotherapist were the speakers.

The nursing auxiliaries form part of nursing teams, each team comprising in general two district nursing sisters, two district nurses and two nursing auxiliaries. These numbers vary according to the needs of particular areas but in all cases a district nursing sister is the team leader.

Attachment Schemes.—The first stage in the development of these schemes took the form of liaison and has gradually progressed into full attachment schemes where the medical practitioner, health visitor and district nursing sister operate as a team.

The health visitors who are attached are given a case load of families all of whom are on the books of one medical practice which may include one or sometimes several doctors.

The district nursing sister in charge of the nursing team attends the medical practitioner's surgery regularly, in some instances daily, to undertake injections and dressings of patients whom she would otherwise have to visit in their own home. She also discusses treatment and progress of patients being nursed at home. By constant contact with the general practitioners many cases come to light which require nursing care at home and arrangements are made to carry out such care.

Health visitors and district nursing staff cover the area of the medical practitioner insofar as it is contained in the Administrative County area.

General practitioners are pleased with the co-operation and help they are getting and there is no doubt that these schemes are to the benefit of the health service.

Health Services Cadet Scheme.—Due to the difficulties which are continually being experienced in recruiting attendants in homes for the aged and in mental health hostels, the County Council in November, 1966, agreed to the introduction of a cadet training scheme. The course will last for two years and during the whole of this time the cadets are required to take further education lectures. The theoretical side of the course is co-ordinated by the tutors who already carry out the training of nurses at the County Council nurses' training centre. Practical training is arranged at some of the County Council's homes for the aged and other appropriate establishments.

The course commenced in April, 1967, with ten cadets. A further ten cadets commenced in September, 1967. Since the commencement of the course, two cadets decided to withdraw, leaving eighteen cadets attending at the 31st December, 1967.

Cases Attended.—In the following statement particulars are given of the number of cases attended by the district nursing sisters and district nurses during 1967 together with the number of visits involved. For comparative purposes, corresponding figures for the previous four years are also given.

	1963	1964	1965	1966	1967
General nursing cases attended	45,259	45,054	45,754	50,828	56,796
No. of visits paid to these cases	1,308,392	1,334,775	1,358,992	1,449,994	1,694,452
Average No. of visits per case	28.9	29.6	29.7	28.5	29.8

Analysis of Completed Cases.—Only on the completion of attendance upon a case can a comprehensive picture be obtained of the nursing care and treatment accorded to such a case. It is for this reason, therefore, that a statistical analysis is carried out based on the cases on which

attendance ceased during each year. In 1967 these numbered 35,378 and in the table below are analysed by disease or ailment in order of frequency and by age group and a similar but more detailed statement is given in Table 13, page 161.

Disease or ailment	Total cases	Age group (years)				
		0-	5-	15-	45-	65-
Senility and other ill-defined conditions	5,468	90	77	815	1,283	3,203
Anaemias and other blood diseases	3,816	6	1	757	883	2,169
Diseases of digestive system	3,777	139	245	848	1,023	1,522
Diseases of the central nervous system	3,005	4	3	171	572	2,255
Diseases of respiratory system (other than tuberculosis)	2,729	201	106	577	601	1,244
Accidents, injuries, etc. (including burns and scalds)	2,573	264	327	590	487	905
Cancer	2,289	10	4	117	851	1,307
Diseases of the skin	2,169	94	144	437	514	980
Diseases of the heart and circulatory system...	2,143	—	8	137	516	1,482
Diseases of the genito-urinary system	1,921	189	29	430	565	708
Diseases of eye, ear and mastoid process	991	63	56	281	270	321
Diseases of bones and organs of movement (including rheumatism and arthritis)	978	4	8	73	235	658
*Infective and parasitic diseases	836	32	34	266	252	252
Diabetes... ..	520	1	5	31	122	351
Mental, psychoneurotic disorders	187	1	1	33	53	99
All other conditions	1,986	30	40	1,646	161	109
TOTAL—All conditions	35,378	1,128	1,088	7,209	8,388	17,565

* Including tuberculosis of respiratory system.

The number of cases on which attendance ceased during the year was approximately 3,000 greater than in the previous year, but it is felt that this is largely as a result of the inclusion of cases, often of very short duration, seen at doctors' surgeries in accordance with the general practitioner attachment schemes referred to below. This would appear to be borne out by the fact that the average duration of treatment of all cases terminated in 1967 fell from the record high level of 16·9 weeks in 1966 to 14·2, the lowest figure since 1961, whilst the average number of visits per case at 29·8 showed a reduction of 4·4 from the figure for the previous year and was in fact, the lowest average recorded since 1957. The resultant average number of visits per case per week rose, however, fractionally from 2·0 to 2·1. These averages, of course, relate to all types of case and the variation existing between specific averages for the separate diseases or ailments is shown below for each of the last five years.

Disease or ailment	Average duration of treatment (weeks)					Average No. of visits (day and night)					Average No. of visits per case per week				
	1963	1964	1965	1966	1967	1963	1964	1965	1966	1967	1963	1964	1965	1966	1967
Tuberculosis of respiratory system ...	21·8	20·3	20·5	17·0	16·6	97·1	77·0	94·1	76·1	79·3	4·5	3·8	4·6	4·5	4·8
Other infective and parasitic diseases	6·7	8·4	6·4	6·2	7·0	25·2	29·2	22·5	21·3	21·5	3·8	3·5	3·5	3·5	3·1
Cancer	8·7	9·4	7·3	7·7	8·1	37·1	38·8	35·7	34·2	35·4	4·3	4·1	4·9	4·4	4·4
Diabetes	29·4	34·6	30·4	31·7	32·8	153·2	193·9	166·4	177·2	159·0	5·2	5·6	5·5	5·6	4·8
Anaemias and other blood diseases ...	42·4	40·3	44·7	45·8	36·6	51·2	46·9	50·7	50·8	38·1	1·2	1·2	1·1	1·1	1·0
Mental, psychoneurotic disorders ...	13·6	19·1	12·2	16·3	9·7	28·9	31·0	24·4	29·7	25·2	2·1	1·6	2·0	1·8	2·6
Cerebral haemorrhage, cerebral embolism and thrombosis	10·1	13·4	12·2	11·6	13·2	32·2	38·7	34·8	37·7	36·6	3·2	2·9	2·8	3·3	2·8
Other diseases of central nervous system	26·4	25·9	26·2	28·1	22·9	63·7	66·5	65·9	65·4	58·6	2·4	2·6	2·5	2·3	2·6
Diseases of eye, ear and mastoid process	3·6	6·5	8·8	4·7	2·1	19·8	26·6	33·9	18·7	8·5	5·5	4·1	3·9	3·9	4·0
Diseases of heart and circulatory system	21·0	19·4	20·8	22·1	17·9	47·2	43·1	43·6	47·7	39·9	2·2	2·2	2·1	2·2	2·2
Influenza	5·9	4·2	4·2	2·6	6·8	14·1	11·8	12·2	10·3	12·7	2·4	2·8	2·9	3·9	1·9
Pneumonia	4·2	5·1	3·9	4·2	2·6	16·3	19·0	19·1	18·4	12·6	3·9	3·8	4·9	4·4	4·9
Bronchitis	4·6	5·3	5·4	6·3	5·1	17·4	17·6	17·8	18·3	16·5	3·8	3·3	3·3	2·9	3·2
Other diseases of respiratory system ...	2·9	2·5	3·1	2·4	3·8	17·0	11·2	12·9	10·1	13·0	5·9	4·5	4·2	4·2	3·5
Diseases of digestive system	4·8	4·9	4·4	4·9	5·1	13·8	14·4	13·2	15·4	14·3	2·9	2·9	3·0	3·1	2·8
Diseases of genito-urinary system ...	29·0	30·8	25·4	34·1	22·0	26·2	25·2	22·5	26·4	22·1	0·9	0·8	0·9	0·8	1·0
Diseases of the skin	10·3	12·1	12·9	12·3	10·5	32·8	37·4	37·0	34·6	28·2	3·2	3·1	2·9	2·8	2·7
Diseases of bones and organs of movement (including rheumatism and arthritis)	35·9	33·0	32·6	33·1	33·3	78·8	81·5	65·9	66·4	64·6	2·2	2·5	2·0	2·0	1·9
Senility and ill-defined conditions ...	11·4	12·4	12·9	13·4	12·4	25·5	28·7	29·7	27·1	26·8	2·2	2·3	2·3	2·0	2·2
Burns and scalds	5·7	7·7	7·1	5·7	5·0	19·1	25·2	21·9	19·3	16·3	3·4	3·3	3·1	3·4	3·3
Other accidents, injuries, etc.	9·8	9·0	10·3	9·1	5·8	26·1	24·8	25·8	23·7	15·5	2·7	2·8	2·5	2·6	2·7
All other conditions	6·2	5·6	5·2	5·5	5·0	19·9	15·0	14·2	15·6	13·1	3·2	2·7	2·7	2·9	2·6
TOTALS—Administrative County ...	15·5	16·0	16·6	16·9	14·2	34·5	35·6	35·2	34·2	29·8	2·2	2·2	2·1	2·0	2·1

In Table 14, page 162, details are given of the duration of treatment and frequency of visits to the nursing cases, classified by ailment group, on which attendance ceased during 1967.

Below are given the agencies by which the services of the nurses were enlisted for the cases terminated in 1967.

	No. of patients	Per cent. of total
General practitioners	30,181	85.3
Hospitals	3,930	11.1
Patients, relatives or friends	597	1.7
Public health authorities	595	1.7
Others	75	0.2

The principle reasons for the cessation of the nurses' attendances on the cases under review in 1967 are summarised below. They are analysed in detail, according to disease or ailment and by health divisions and delegate districts, in Tables 14 and 15 on pages 162 and 163.

	No. of patients	Per cent. of total
Recovered, relieved or convalescent	20,388	57.6
Admitted to hospital	6,217	17.6
Died	5,054	14.3
Gone away	1,492	4.2
Out-patient, X-ray, etc.	1,326	3.7
Nurse withdrawn	830	2.3
Others	71	0.2

The statement below provides an analysis of the types and numbers of treatments which were involved in the cases upon which attendance ceased in 1967.

Nursing treatment	No. of cases	Proportion of total (per cent.)
General nursing care	7,681	21.7
General nursing care with injections	864	2.4
General nursing care with dressings and poultices	445	1.3
General nursing care with bladder lavage, rectal lavage, catheterisation or enemata	245	0.7
Septic dressings and poultices	2,068	5.8
Dry dressings	6,082	17.2
Burns and scalds—dressings and treatments	563	1.6
Pre-operative treatment and pre-X-ray	1,241	3.5
Blanket baths (one, twice or thrice weekly)	1,213	3.4
Douche and pessaries	297	0.8
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout	1,778	5.0
Injections (hypodermic or intramuscular)	11,175	31.6
Injections (hypodermic or intramuscular) with dressings	321	0.9
Operations	—	—
Eyes, ears, nose and throat treatments	879	2.5
Skin treatments	217	0.6
Care of patients in plaster casts and splints	44	0.1
Others	265	0.7

Treatments comprising or including injections amounted to 34.9 per cent. of the total whilst general nursing care, either alone or in conjunction with some other form of treatment, was involved in 26.1 per cent. Dressings or poultices, excluding those required for the treatment of burns, were required in 25.2 per cent. of the cases.

Some evidence of the use being made of nursing sisters by general practitioners in regard to surgery cases may well be found in the fact that compared with the previous year, eyes, ears, nose and throat treatments rose from 343 to 879, skin treatments from 165 to 217, dry dressings from 4,816 to 6,082, and septic dressings and poultices from 1,673 to 2,068.

Routine Testing of Urine.—For new patients attended by district nurses the use of Uristix strips, a simplified method of testing urine for sugar and albumin, was continued during 1967. Six hundred and fifty-six tests were positive for albumin and two hundred and four showed a positive reaction to sugar in previously unknown cases. The family doctors were informed of the results.

Post-Certificate Training.—During the year three training courses for state registered nurses were held at the County Council's district nurse training centre. Thirty-two County Council district nursing sisters, three male charge nurses, one health visitor and ten district nursing sisters from other local health authorities qualified as district trained nurses and were enrolled as Queen's nursing sisters.

During the year 24 County Council district nurses (S.E.N.) gained the Queen's Institute of District Nursing Certificate of proficiency for enrolled nurses following a ten-week training course at the County Council's nurse training centre.

The County Superintendent of district nurses, the deputy and several other nursing supervisory staff attended courses organised by the Queen's Institute of District Nursing and other organisations.

Residential courses at London, Southampton, Cambridge and Leeds were attended by a total of 68 County Council district nursing sisters. Twenty-eight district nurses and three charge nurses attended residential refresher courses at the William Rathbone Staff College.

Study days were held at the County Hall, Preston, on the 31st October and 9th November. At the morning session on both these dates the County Superintendent of District Nurses spoke on "Changes in District Nursing Training and Practice". In the afternoon Dr. D. L. H. Goddard, Consultant Physician, Sharoe Green Hospital, Fulwood, lectured on "Bronchitis". These lectures were attended by 600 County Council nurses. In addition 43 nurses from other authorities attended the lecture in the afternoon.

In October, 1966, it was decided that a course should be held for nursing sisters who are becoming responsible for teams of nurses of various grades and who are attached to general practices. The changes in the age structure of the population in recent years and advances in rehabilitation and treatment have brought many alterations in district nursing practice. The course which commenced in November 1966, and finished in September, 1967, was designed to widen the outlook of the nursing sisters and help them with personal relationships and the teaching and management of junior staff, and to help them to recognise the place of district nursing in relation to the wider field of health and welfare services.

The course was held at the East Cliff County Offices, Preston, the nurses attending one day each week. Thirty-nine County Council nursing sisters attended the course and five hospital staff also attended.

Night Nursing Service.—In September, 1966, the County Council agreed to provide an all night nursing service on an experimental basis for cases needing such care who suffer from illnesses other than cancer. The cancer cases are cared for by the night nursing service under the Marie Curie Memorial Foundation scheme operated by the County Council.

The cases needing this service include, for example, cardiac cases in the final stages of illness, neurological cases which cannot be admitted to hospital and patients discharged from hospital in the terminal stages of illness. Nurses undertaking this work are not on the whole-time district nursing staff of the County Council but are specially employed, being recruited on the same basis as for the Marie Curie scheme. During 1967, twenty cases were attended.

Motor Transport.—At the end of 1967 a motor car was being used for official duties by 624 of the district nursing staff. The vehicles were owned in 521 cases by the nurses themselves and in 103 by the County Council.

Housing of District Nursing Staff.—Of the staff employed on the 31st December, 1967, 57 nurses occupied houses owned by the County Council, 35 occupied houses rented by the County Council from district councils, two occupied houses rented by the County Council from private owners and 15 rented houses direct from district councils. All the remaining nurses provided their own living accommodation.

VACCINATION AND IMMUNISATION

Under the County Council's vaccination and immunisation schemes made under section 26 of the National Health Service Act, 1946, facilities are provided for giving protection against smallpox, poliomyelitis, diphtheria, whooping cough and tetanus. For this purpose sessions are held periodically at child welfare centres and other suitable centres, such as schools. The sessions are normally conducted by the divisional medical staffs although arrangements do exist whereby general practitioners may be engaged on a sessional basis to supplement them as necessary. Throughout the year under report the arrangements continued whereby all medical practitioners, whether or not providing general services under Part IV of the Act, could provide service under the County Council's arrangements. From the 1st April, 1967, however, in lieu of such cases submitted to and paid for by the local health authority in accordance with an agreement made between the Minister of Health and the medical profession, general practitioners were required to submit claims on the local executive councils on a prescribed form (in duplicate) in respect of the vaccination and/or immunisation of patients on their lists undertaken as part of general medical services in pursuance of public policy. The duplicate copies are then transmitted to the appropriate local health authority for the purpose of maintaining necessary records.

The vaccination and immunisation schemes of the County Council lay upon health visitors the duty of securing the presentation of children for primary vaccination and immunisation and for such subsequent reinforcement treatment as is required until school age is attained. Arrangements exist whereby systematic provision is made for administering further reinforcements as necessary during the period of school life. The standard programme adopted for use by the County Council medical staff was reproduced in the Report for 1965.

Whilst in appropriate cases the facilities provided by the County Council are available to adults, it should be noted that records are now maintained in respect of children under the age of 16 years only and all statistics quoted in this section are therefore limited to such children.

Arrangements under section 26 also include provision for the vaccination against anthrax of workers exposed to special risk. In addition the County Council, under section 28 of the Act, maintain a yellow fever vaccination centre and provide B.C.G. vaccination against tuberculosis. Reference to the former is made later in this section of the Report and to the latter in the section dealing with "Prevention of Illness, Care and After-Care".

Particulars of vaccinations and immunisations undertaken in 1967 under the County Council's scheme are detailed below.

Vaccination against Smallpox.—The following statement shows the numbers of primary vaccinations and re-vaccinations performed on children in the Administrative County during 1967 and each of the preceding four years. Similar information is given for 1967 for each health division and delegate district in Table 16, page 164. It should be noted that by reason of changes in age groups whilst the figures for 1965-67 relate to children under 16 years of age, those for the earlier years are limited to children under 15 years of age and are not, therefore, strictly comparable.

Year	PRIMARY VACCINATIONS PERFORMED				RE-VACCINATIONS PERFORMED		
	Age in years				Age in years		
	Under 2	2–	5–	*Total under 16	Under 5	5–	*Total under 16
1963	5,920	558	667	7,145	219	546	765
1964	11,733	1,581	647	13,961	220	678	898
1965	12,448	3,008	1,271	16,727	241	2,145	2,386
1966	14,000	5,074	3,940	23,014	261	6,213	6,474
1967	12,612	4,682	1,831	19,125	202	1,938	2,140

*For years 1963–64, total under 15 years.

It will be seen from the above table that in each age group and as regards both primary and re-vaccinations there was a falling-off in 1967 in the numbers protected. This is reflected, too, in the acceptance rate of infant vaccination which fell from 33 per cent. of those estimated to be eligible to 30 per cent.

One case of generalised vaccination occurred during the year—that of a one-year old female child. Recovery was, however, complete. No instances of post-vaccinal encephalomyelitis or death from any other complication of vaccination were reported.

Vaccination against Yellow Fever.—The County Council's yellow fever vaccination centre at the Ashton Road Clinic, Lancaster, continued to operate during the year in providing vaccination for persons proceeding abroad. In accordance with Ministry of Health arrangements a charge for the vaccination is made and an international certificate for production in countries other than the United Kingdom is supplied to each person vaccinated.

During the year 1967 the following persons were vaccinated at the centre:—

Children under nine months	...	...	nil
Children over nine months	...	...	33
Adults	...	...	186
			—
TOTAL	...		219
			==

Of the 219 persons vaccinated, 157 were residents of Lancashire, 31 came from Westmorland, eleven from Yorkshire, six from Cumberland, three from Cheshire, two from Nottingham and one each from the following:— Abergelle, Birmingham, Crawley, Isle of Man, London, Newcastle-upon-Tyne, Swansea, Twickenham and Worcester.

Immunisation against Poliomyelitis, Diphtheria, Whooping Cough and Tetanus.—Below is given a summary, by types of antigen used, of the numbers of children in specified age groups who completed a full course of primary immunisation or were given a reinforcement dose in the Administrative County area during 1967.

Antigen used	Primary immunisations							Reinforcement doses			
	(a)	Under 1	1–	2–	4–	8–	Total under 16	Under 4	4–	8–	Total under 16
	(b)	1967	1966	1964–65	1960–63	1952–59	1952–67	1964–67	1960–63	1952–59	1952–67
Poliomyelitis only ...		7,471	21,308	3,451	2,487	1,116	35,833	2,151	20,493	4,088	26,732
Diphtheria only ...		7	34	11	117	83	252	18	549	1,476	2,043
Whooping cough only		1	3	1	—	—	5	—	2	1	3
Tetanus only ...		7	2	18	113	885	1,025	33	135	342	510
Diphtheria and whooping cough (combined) ...		16	24	6	3	18	67	18	37	10	65
Diphtheria, whooping cough and tetanus (combined) ...		13,395	16,902	1,849	767	214	33,127	11,971	2,263	291	14,525
Diphtheria, whooping cough, tetanus and poliomyelitis (combined) ...		5	50	22	3	—	80	22	12	1	35
Diphtheria and tetanus (combined)		479	677	283	1,739	791	3,969	3,580	22,993	10,520	37,093

(a) Age, in years, at end of 1967.

(b) Year of birth.

As the numbers of children afforded protection against each disease are not readily ascertainable from the above table they are shown separately in the following tables together with the corresponding totals for each of the previous four years. As indicated earlier in regard to smallpox vaccination the totals for 1965 to 1967 relate to children under 16 years of age whilst those for the earlier years are limited to children under 15 years.

Poliomyelitis Vaccination

Year	Primary vaccinations completed (by age, in years, at end of year)						Reinforcement doses given (by age, in years, at end of year)			
	Under 1	1–	2–	4–	8–	*Total under 16	Under 4	4–	8–	*Total under 16
1963	3,264	18,587	4,909	4,487		31,247	2,597	26,578		29,175
1964	4,317	20,600	5,717	3,581		34,215	2,101	22,641		24,742
1965	6,398	24,907	9,201	7,741	7,443	55,690	2,367	32,568	32,071	67,006
1966	6,029	20,893	4,157	5,635	9,633	46,347	1,397	18,182	10,029	29,608
1967	7,476	21,358	3,473	2,490	1,116	35,913	2,173	20,505	4,089	26,767

*For years 1963–64, total under 15 years.

Diphtheria Immunisation

Year	No. who completed a full course of primary immunisation (by age, in years, at end of year)						No. who were given a reinforcement injection (by age, in years, at end of year)			
	Under 1	1–	2–	4–	8–	*Total under 16	Under 4	4–	8–	*Total under 16
1963	12,288	15,582	1,686	3,281		32,837	6,919	26,335		33,254
1964	13,728	16,346	2,536	3,362		35,972	9,701	33,237		42,938
1965	13,056	16,990	2,397	2,211	822	35,476	11,772	20,401	10,399	42,572
1966	13,006	17,744	2,492	2,781	1,088	37,111	13,621	22,959	11,391	47,971
1967	13,902	17,687	2,171	2,629	1,106	37,495	15,609	25,854	12,298	53,761

*For years 1963–64, total under 15 years.

Whooping Cough Immunisation

Year	No. who completed a full course of primary immunisation (by age, in years, at end of year)						No. who were given a reinforcement injection (by age, in years, at end of year)			
	Under 1	1-	2-	4-	8-	*Total under 16	Under 4	4-	8-	*Total under 16
1963	12,182	15,308	1,615	925		30,030	6,608	4,357		10,965
1964	13,495	16,040	2,323	844		30,702	8,777	4,178		12,955
1965	12,849	16,664	2,113	701	148	32,475	9,701	2,213	429	12,343
1966	12,684	17,301	2,231	867	188	33,271	11,065	2,436	348	13,849
1967	13,417	16,979	1,878	773	232	33,279	12,011	2,314	303	14,628

*For years 1963-64, total under 15 years.

Corresponding particulars of immunisations against poliomyelitis, diphtheria and whooping cough during 1967 are given by health divisions and delegate districts in Tables 17-19, pages 165 to 167, together with the numbers of primary immunisations and reinforcements performed by general practitioners in the course of private practice.

TETANUS IMMUNISATION.—Provision for protection against tetanus is included in the County Council's immunisation scheme and in the great majority of cases is given by means of the triple antigen incorporating protection also against diphtheria and whooping cough. A statement of the numbers of immunisations performed with the different antigens is given earlier in this section of the Report. In all, 38,201 children under 16 years of age at the end of the year were immunised against tetanus, 31,517 of them being under two years of age. In addition, 52,163 reinforcement injections were given.

Immunisation and Vaccination.—PERCENTAGES VACCINATED AS AT 31ST DECEMBER, 1967.—In the following table indices of acceptance of vaccination against the diseases specified are given as at the 31st December, 1967, for each health division and delegate district and for the Administrative County as a whole. Comparative figures for the Administrative County for the four previous years are also given.

Health Division No.—	Percentages vaccinated			
	Smallpox	Poliomyelitis	Whooping cough	Diphtheria
	*Under 2 years	†Born in previous year	†Born in previous year	†Born in previous year
1	63	80	78	79
2	41	71	75	78
3	33	72	64	66
4	32	67	74	76
5	24	62	66	68
6	27	87	79	80
7	37	57	81	83
8	34	76	76	78
9	34	57	61	63
10	32	68	76	77
11	23	63	68	73
12	30	62	70	72
13	25	58	61	65
14	26	67	74	75
15	25	75	81	83
16	36	83	79	89
17	10	58	69	72
Delegate District—				
Crosby M.B.	35	51	66	67
Huyton-with-Roby U.D.	26	57	58	59
Middleton M.B.	29	50	63	66
Stretford M.B.	28	54	56	57
Administrative County—				
1967	30	65	70	73
1966	33	65	72	73
1965	29	68	70	71
1964	28	58	68	69
1963	14	52	65	66

* Children vaccinated during year at ages under two years, as percentage of live births during previous year.

† Children born in previous year and vaccinated at any time, as percentage of live births during that year.

The abnormally low rate of acceptance of smallpox vaccination in 1963 resulted from the change in policy concerning the recommended age for infant vaccination and cannot, therefore, be regarded as strictly comparable with the rates for later years.

The percentages for the County as a whole comparable with those quoted in the table for 1967 were:—smallpox 39, poliomyelitis 71, whooping cough 75 and diphtheria 73.

AMBULANCE SERVICE

Radio Communication Scheme.—The installation of radio equipment throughout the County Ambulance Service was completed in June, 1959, although the process of dispensing with telephone manning at ambulance stations and the concentrating of telephone calls on the five radio control centres is still in progress. Due to local circumstances there are still one or two areas remaining where the deployment of vehicles is undertaken on a local basis rather than by control centres and at the 31st December, 1967, six stations still had telephone watches. As the S.T.D. network now covers those parts of the County area in which these stations are situated, thereby reducing the cost of telephone calls to the telephone centres, it is hoped in the near future to incorporate these stations into the general control pattern.

Details of the five areas, together with the location of the transmitter sites and control centres are reproduced in the table below:—

Area No.	Health divisions covered	Fixed remote station site	Control centre
1	Parts of Divisions 1 and 2, plus the whole of Divisions 3 and 4	Barnacre ...	Broughton House
2	Divisions 5 and 6 and parts of Divisions 12 and 13	Hameldon ...	Accrington
3	Divisions 7, 8, 9 and 10	Billinge Beacon ...	Whiston
4	Divisions 11, 15 and 16	Winter Hill ...	Swinton
5	Divisions 14, 17 and parts of Divisions 12 and 13	Hebers ...	Radcliffe

The radio equipment in use at the 31st December, 1967, was as follows :—

Fitted to :—				Mobile sets	*Installation parts
Operational vehicles	...	...	...	199	230
Reserve vehicles	...	...	...	5	57
Supervisory cars	...	...	...	6	6
In reserve, at wireless workshops, etc.	...	...	...	3	5
TOTAL				213	298

*Fixed equipment, e.g., aerials, cradles, etc.

The radio telephone link between emergency vehicles conveying patients to Preston Royal Infirmary and the casualty department of this hospital, which was installed in 1964, continues to be most successful and consideration is being given to the provision of similar links in other control areas.

Ground Communications.—**PRIVATE TELEPHONE NETWORK.**—At the end of 1967, forty of the forty-five County ambulance stations were linked together by the private telephone network, although two of the five stations not connected into the network were linked to an adjacent main station by a private wire. Delivery of certain items of equipment was still awaited however to complete the installation of the second tie-line linking the five control centres. It is hoped that this will be completed early in 1968.

TELEPHONE ANSWERING MACHINES.—The telephone answering machines installed at each of the five control centres continue to be used and consideration was given during the year to the installation at Broughton control of a device to record all emergency calls as they were received.

COMMUNICATIONS WITH HOSPITALS.—A number of the larger hospitals in the County are connected to the control centres or ambulance stations by private wire. At the end of 1967, there were eight hospitals with this facility and transport officers on the staff of the County ambulance service were stationed at five of them. Because of the joint responsibility of the hospitals and ambulance service for the removal of cases, the principle has been accepted whereby the hospital authorities and the County Council share the cost of these lines equally. In addition, Whiston control is linked to Whiston Hospital by an extension from the hospital's switchboard.

Agency Arrangements.—Whilst in the interests of efficiency and economy a direct service is provided wherever practicable, the following parts of the Administrative County were, at the 31st December, 1967, still served by agency agreements with the authorities indicated:—

Agency	Area served	Estimated population, 1967
Westmorland C.C.	North Lonsdale R.D. (part)—(Skelwith; Hawkshead; Claife)	1,340
Blackburn C.B.C.	Blackburn R.D. (part)—(Livesey; Pleasington; Mellor; Ramsgreave; Balderstone; Osbaldeston; Clayton-le-Dale; Salesbury; Wilpshire; Dinckley)	12,230
	Preston R.D. (part)—Samlesbury (part)	
Burnley C.B.C. ... (Emergency service only)	Burnley R.D. (part)—(Worsthorne; Cliviger; Habergham Eaves; Dunnockshaw)	—
Bolton C.B.C. ...	Turton U.D.	17,870

The Construction (Health and Welfare) Regulations, 1966.—These regulations which came into operation on the 1st May, 1966, contain a number of provisions for removing cases of accident and illness at building sites where more than 25 persons are employed. A contractor is required to notify the local health authority in whose area the site is situated in writing within 24 hours of employing for the first time more than 25 persons on the site. During 1967 notifications were received from contractors in respect of 37 sites in the Administrative County area.

When the notifications are received from contractors, arrangements are made for the supervisory assistants to visit the site concerned and discuss with contractors the arrangements for summoning an ambulance if required and also to ascertain the precise locations of the sites and the most suitable means of access for ambulances. The information is then notified to the control centres and ambulance stations concerned to ensure that if an emergency call is received, no delay will arise in reaching the scene of the accident.

Vehicles.—In addition to control of the fleet of ambulances and dual purpose vehicles the ambulance service is also responsible for the vehicles operated by other services administered by the health department, *i.e.*, nursing, domiciliary midwifery, welfare, mental health, health education and civil defence.

The establishment and strength of vehicles operated by all services administered by the health department at the 31st December, 1967, were as follows:—

Service	Authorised Establishment	Vehicle Strength
Ambulance	290	288
Home Nursing	141	141
Domiciliary Midwifery	23	23
Welfare	10	10
Mental Health	5	5
Health Education	6	6
Health Department (Admin.)	2	2
Ambulance Reserve	22	22
	<u>499</u>	<u>497</u>

Of the 497 vehicles operated by the health department, 288 belonged to the ambulance service fleet comprising the following types of vehicle:—

Ambulances—

One fixed stretcher with loading gear and an adaptable seat unit for six sitting patients or a second stretcher	120
Two adaptable seat/bed units for 2 stretchers (carry-in load) or 12 sitting case patients	32

Dual purpose vehicles—

Ten seats or one stretcher and four seats	22
Eight seats or one stretcher and two seats	111
Four seats or one stretcher	2
Stores collection/delivery van	1
TOTAL	288

The average age of the ambulances in service at the 31st December, 1967, was 4.2 years and of the dual purpose vehicles 2.4 years.

VEHICLE MILEAGES.—The gross mileage (*i.e.*, both operational and non-operational) of the ambulance service fleet in 1967 was 5,287,242—for the fifth successive year the highest total on record. It represented an increase of 155,766 or 3·0 per cent. over that for 1966. Details of the gross mileages in 1967 and each of the preceding 10 years are as follows:—

Year	Total annual mileage				Increase or decrease on previous year (per cent.)
	Ambulances	Dual purpose vehicles	Sitting case cars	Total	
1957	2,480,388	434,673	1,549,008	4,464,069	— 3·1
1958	2,359,527	660,786	1,320,234	4,340,547	— 2·8
1959	2,419,107	890,897	1,213,644	4,523,648	+ 4·2
1960	2,574,418	1,182,384	968,834	4,725,636	+ 4·5
1961	2,525,350	1,327,180	716,122	4,568,652	— 3·3
1962	2,484,161	1,533,360	620,343	4,637,864	+ 1·5
1963	2,641,971	1,766,815	372,548	4,781,334	+ 3·1
1964	2,745,641	1,837,994	318,769	4,902,404	+ 2·5
1965	2,807,146	1,860,342	304,696	4,972,184	+ 1·4
1966	2,931,188	2,029,578	170,710	5,131,476	+ 3·2
1967	3,000,826	2,254,781	31,635	5,287,242	+ 3·0

The average annual mileages of the main types of vehicle in service during each of the last five years are shown in the following statement:—

Type of Vehicle	Average annual mileage per vehicle				
	1963	1964	1965	1966	1967
Ambulance	18,096	18,808	19,227	20,077	19,742
Dual purpose	16,827	17,673	17,225	17,803	16,953
Sitting case car	18,627	15,938	15,235	11,381	15,817
All vehicles	17,643	18,157	18,147	18,660	18,422

NEW VEHICLES.—A contract for 32 new ambulances was completed in early 1967 as part of the planned replacement programme for vehicles. The replacement under this programme of 41 dual purpose vehicles was delayed by the basic vehicle being unexpectedly withdrawn from production. A suitable alternative vehicle was chosen, capable of adaptation into a nine-seat dual purpose ambulance by the Central Vehicle Maintenance Unit of the County Council.

HEALTH SERVICE MOTOR VEHICLES.—Of the 209 vehicles, other than ambulance service vehicles, operated by the various health and welfare services at the end of the year, 164 were mini-vans for the official use of district nurses and midwives. During 1967 the mini-vans ran a total of 781,737 miles for official purposes, an increase of 111,633 compared with the corresponding total for the previous year.

DIVISIONAL TRANSPORT POOL.—With the increasing demand for, and provision of, a variety of vehicles for transport purposes within the health divisions, the Health Committee approved late in 1967 the principle of the creation of a divisional transport pool.

The principal aim of the pool will be to co-ordinate through the Ambulance and Health Services Transport Sub-Committee the provision, purchase and general management of vehicles which it is anticipated will eventually be required to meet the growing transport needs of the various services.

Initially the pool will consist of goods-carrying vehicles and semi-specialised vehicles for combined goods/passenger carrying purposes, and ultimately by the co-ordination of the various requirements within health divisions, and where practicable between adjacent health divisions, an efficient and economical multi-purpose transport system will be set up.

Staff.—The following table shows the approved establishment of operational and control room staffs together with the number employed on the 31st December, 1967.

	Approved establishment	Employed at 31st December, 1967
Operational staff (including station officers)	773	765
Control room staff:—		
Senior controllers	5	5
Controllers	25	25
Assistant controllers	20	20
Control room assistants	21	22

During 1967, the establishment of the operational staff remained at 773. Following a review of the staffing arrangements of the control centres, however, the County Council in January, 1967, approved a new establishment for the five control centres to improve operational efficiency and to provide a two-man service during periods of emergency manning. It was decided that the most effective means of fulfilling these requirements was to introduce a further rank of male shift worker, each control centre having four who would be of lower rank than the existing assistant radio controllers. Against this increase the establishment at each control centre was reduced by one female control room assistant. To avoid confusion which might arise concerning the seniority of the posts in the control centres, it was decided to re-designate the posts as follows:—senior controller, controller, assistant controller (new post), control room assistant.

APPOINTMENT OF OPERATIONAL STAFF.—Since 1961, it has been the policy of the County Council to recruit younger personnel to compensate for the high proportion of staff in the upper age group and this policy was continued during 1967. Although the situation has improved in relation to earlier years, it will be some time before the age structure of the service as a whole shows any noticeable improvement.

TRAINING.—No changes were made in the training programme during the year and the conditions governing the payment of proficiency allowances remain as follows:—

First-aid payment of 13s. 4d. per week.

First-aid examination to be taken biennially.

Extended training allowance of 6s. per week.

First-aid examination to be taken annually.

The examination of the Royal Life Saving Society on resuscitation to be taken annually.

Lectures on infectious diseases, co-ordination with the police and home nursing to be attended biennially.

A lecture on sudden childbirth to be attended once only.

Institute of Certified Ambulance Personnel.—During 1967, twelve members of the ambulance service staff were granted financial assistance towards the cost of taking the courses and examinations of the Institute of Certified Ambulance Personnel. All will take the examinations in 1968.

County Council Ambulance Service Corps—St. John Ambulance Brigade.—The ambulance service is embodied as a Corps of the St. John Ambulance Brigade and on the 31st December, 1967, the strength of the Corps was 695, comprising one corps officer, 54 divisional officers and 640 other ranks.

EFFICIENCY COMPETITION.—The competition for the Alderman Lord Trophy for the year 1966/67 was won by Health Division No. 16. Second place was gained by Health Division No. 11 and third by Health Division No. 3.

NATIONAL SAFE DRIVING COMPETITION.—All eligible staff of the County ambulance service took part in the National Safe Driving Competition for 1967 and of the 716 drivers entered awards were made to 544.

NATIONAL AMBULANCE SERVICE COMPETITION.—A team was entered in this competition which has the approval of the Ministry of Health and is designed to encourage ambulance staffs to maintain a high standard of efficiency.

The area competition for the “Geere Cup” presented by Alderman J. W. Geere, J.P., was won by the Ashton-under-Lyne team which went forward into the regional competition where they were placed ninth out of a total of nine entrants.

Premises.—The number of ambulance stations in use at the 31st December, 1967 was as follows:—

Main stations at radio control centres	5
Main stations (full time service with 24 hour telephone watch)	6
Depots (full time service without telephone watch)	29
Garages (day or alternating shift service only without telephone watch)	5
	—
TOTAL	45
	==

At the Whitefield station work was completed on a new control block with adaptations and 5-bay extension to the existing station, which enabled the Radcliffe station and control centre to be transferred on the 1st June, 1967.

Service Statistics.—The cases dealt with by the County ambulance service fall into three broad groups and in the table below the case totals for the past five years are analysed accordingly:—

Year	Section 27 cases			Cases chargeable to other departments of the County Council	Total cases
	* Emergency	Non-urgent	Total		
1963	54,722	836,287	891,009	50,827	941,836
1964	56,734	†870,925	927,659	52,808	980,467
1965	57,365	†870,453	927,818	55,073	982,891
1966	58,148	†883,721	941,869	58,960	1,000,829
1967	61,414	†928,691	990,105	56,724	1,046,829

* Includes National Coal Board cases.

† Excludes certain day care cases transported by taxi.

The above table indicates that there has been an increase in the total number of cases conveyed under the provisions of section 27 of the National Health Service Act, 1946, which is mainly the result of a further increase in the number of non-urgent removals. With the exception of the year 1965 when there was a slight decrease, the demand on the ambulance service for conveyance of general treatment cases has risen steadily since the year 1957.

With regard to emergency cases a further rise of 5·6 per cent. took place in 1967 as compared with 1·4 per cent. in the previous year, and this was mainly attributable to an increase in the number of sudden illness cases. There was, in fact, a reduction of 2·6 per cent. in road accidents compared with the previous year.

In addition to dealing with the above-mentioned cases, certain journeys were made which, whilst of an emergency nature were strictly not "emergency cases" under section 27 of the Act, namely (a) emergency transport of midwives, doctors, medical specimens, etc., and (b) journeys where it was found that a vehicle was not required. During the year under review, 5,427 such journeys were made and these are not included in the total of 61,414 cases given in the table.

The response to emergency calls for the County as a whole was very satisfactory, the average time taken to reach the scene of an emergency from the time of receipt of call being 7·7 minutes, the highest station average being 13·2 minutes and the lowest 4·6 minutes. Journeys to hospital averaged 23·1 minutes from the time of call, the highest station average being 52·8 minutes and the lowest 17·7 minutes. This highest station average is in respect of Grange-over-Sands ambulance station, where emergency cases have usually to be taken a considerable distance to hospital.

Regarding cases moved on behalf of other departments of the County Council, *i.e.*, outside the provisions of section 27 of the National Health Service Act, a decrease equivalent to 3·8 per cent, took place during the year. This was mainly accounted for by a reduction in the number of cases moved on behalf of welfare services, since during the year under review more specially adapted coaches attached to health divisions were brought into use thus helping to alleviate the pressure on the County ambulance service.

A summary of the average time factor in dealing with emergency calls over the last five years is reproduced below:—

Year	Number of journeys	Average time taken to reach case (mins.)	Average time taken to reach hospital (mins.)
1963	52,008	8·1	23·7
1964	53,924	8·0	23·1
1965	54,268	7·8	22·9
1966	55,115	7·7	22·9
1967	58,400	7·7	23·1

The numbers of cases moved per 1,000 population served during each of the last five years were as follows:—

Type of case	1963	1964	1965	1966	1967
Emergency ...	24·8	25·4	25·0	24·9	26·0
Non-urgent ...	401·5	414·1	402·8	403·6	416·7
TOTAL	426·3	439·5	427·8	428·5	442·7

In the following table the patients carried during 1967 are analysed according to type. Recumbent cases are those requiring a stretcher, sitting I cases are patients able to travel with the help of one attendant only and sitting II cases are those requiring the assistance of two attendants.

Type	Proportion (per cent.) of—		
	Emergency	Non-urgent	Total cases
Recumbent... ..	59	8	11
Sitting I	30	75	72
Sitting II	11	17	17

LONG DISTANCE SERVICE.—The table below gives particulars of the work of the headquarters long distance service during each of the five years, 1963-67:—

Year	Cases moved			Case mileage (road journeys only)
	By road	By rail	Total	
1963	4,200	1,042	5,242	134,764
1964	4,446	1,125	5,571	149,146
1965	4,809	979	5,788	170,948
1966	5,172	818	5,990	219,968
1967	5,367	866	6,233	220,878

In addition, long distance road journeys were made by vehicles from the Accrington, Whiston, Swinton and Whitefield areas and these are summarised below:—

<i>Radio Control Area</i>	<i>Patients moved</i>	<i>Mileage</i>
Accrington	183	4,103
Whiston	259	5,248
Swinton	400	6,790
Whitefield	882	25,512

The total number of long distance patients moved by road during 1967 amounted to 7,091 and involved a mileage of 262,531. With regard to the 866 rail journeys, the ambulance service was required to pay the cost of the patient's fare on 402 occasions. In every case, however, arrangements for the journey, including the reservation of seats and the reception of patients at rail termini, were made by the ambulance service. Most of the patients travelling by rail were accompanied by a relative or friend but ambulance service escorts were provided on three occasions. In addition, the County Council is indebted to the British Red Cross Society, which rendered valuable assistance by providing escorts on 65 journeys.

It will be noted that recent years have shown a decrease in the use of rail transport. This is attributable to the curtailment of railway services, the growing use of diesel and similar stock, which has greatly reduced the availability of reserved compartments and more recently to the introduction of substantial charges for the reservation of compartments. In consequence, it is becoming necessary to revert to road transport for a growing number of journeys, particularly where stretcher patients are concerned.

It should also be appreciated that a proportion of the work of the long distance service relates to intra-county removals, *i.e.*, patients from the County area who require transport to hospitals within the geographical County, but who are situated some considerable distance from those hospitals. Whenever it is possible to co-ordinate a number of such journeys, the use of rail transport is uneconomical. In many cases, however, subject to the consent of the doctor or hospital in charge of the patient, and providing a reasonable train service is available, combined rail and road transport is used.

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957.—Under the provisions of the above-mentioned Act, ambulance authorities are empowered to undertake duties, on a chargeable basis, which do not fall within the scope of section 27 of the National Health Service Act, 1946. The duties include the provision of stand-by cover at sports meetings and other large gatherings of public bodies, the conveyance of private individuals for holidays, and certain house-to-house removals of a temporary nature, etc. The provision of such facilities is, of course, made only in cases where the necessary arrangements can be carried out without prejudice to the normal running of the County ambulance service.

In this connection, vehicles from County ambulance stations were in attendance at sporting or race meetings on 39 days during the year.

OPERATIONAL MILEAGE.—The following table shows the operational mileage run by the ambulance service during the last five years. The expression “operational mileage” includes the total mileage covered in respect of (a) cases conveyed under section 27 of the Act, (b) chargeable journeys undertaken on behalf of other County services and (c) certain special journeys referred to earlier which were outside the scope of section 27, but does not include “dead ”mileage run for maintenance and similar purposes.

Year	Total operational mileage	Section 27 cases	
		Mileage	Average miles per case
1963	4,724,035	4,559,637	5.11
1964	4,847,902	4,676,592	5.04
1965	4,914,057	4,738,605	5.11
1966	5,069,035	4,882,236	5.18
1967	5,219,280	5,023,434	5.07

With regard to journeys undertaken on behalf of other County services, particulars for each of the last five years are given below. The mileage run on behalf of the National Coal Board and chargeable to that authority is also shown for record purposes although both mileage and cases dealt with are included in the above statistics as removals under section 27.

Service	Mileage				
	1963	1964	1965	1966	1967
Mental health	27,393	27,386	36,018	34,095	35,225
Nursing	10,608	14,048	12,226	17,779	23,011
School health	22,628	18,401	15,226	15,359	16,559
Welfare	83,495	89,757	89,052	95,267	93,746
Coroner's	867	234	270	210	262
Education	—	12	—	—	—
TOTAL—Other County services	144,991	149,838	152,792	162,710	168,803
National Coal Board	17,394	15,845	14,134	11,704	10,027

Civil Defence.—Ambulance and First-Aid Section.—Normal training and lectures continued until March, 1967, when it was announced by the Home Office that the Civil Defence Corps was to be re-organised. Certain training did continue however, in order to complete courses which led to examinations.

As a result of the re-organisation the Ambulance and First-Aid Section ceased to exist, and the Ambulance Service Reserve was created. This latter comprises the war-time ambulance service and the war-time first-aid service, linked directly to the Civil Defence Corps and forming separate units of the Civil Defence Service.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The functions of the County Council relating to the prevention of illness and the care and after-care of sick persons are carried out in accordance with schemes made under Part III of the National Health Service Act, 1946, and approved by the Minister of Health. So far as the Municipal Boroughs of Crosby, Middleton and Stretford and the Urban District of Huyton-with-Roby are concerned, however, these functions, excepting those concerned with the care and after-care in residential accommodation of persons suffering from mental illness, have been delegated to the councils of those districts.

Tuberculosis.—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies. Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Council; and the local health authorities are charged with important duties in relation to prevention, care and after-care.

The work formerly done by the tuberculosis visitors is becoming integrated with the work of the general health visitors as the tuberculosis visitors retire or resign and only 16 tuberculosis visitors are now employed (see page 59, Health Visiting). It is the policy of the Regional Hospital Boards to move chest clinics to hospital out-patient departments and to employ hospital staff for the purely clinic duties. Where this is done, the tuberculosis visitors are able to devote their full time to the local health authority's duties. The chest physicians of the Regional Boards devote the major portion of their time to work for the Regional Boards in the clinics and hospitals but spend a part of their time on duties on behalf of the local health authority advising on the problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's staff. During 1967 the chest physicians, on behalf of the local health authority, carried out 307 home visits to new patients and contacts and 306 home visits to old cases and contacts. Tuberculosis visitors and health visitors made 18,206 visits to cases and 23,037 visits to contacts. The number of tuberculous households visited was 8,082.

The following extra facilities are also available for tuberculous patients:—

Extra nourishment.—The Ministry of Social Security make cash grants for the purchase of extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Ministry, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge and 389 cases received assistance during the year.

Extra beds and bedding.—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

Nursing equipment.—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

Medical requisites.—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks, cups with wax refills and pillow cases.

Home help.—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination. They are given instructions on the precautions they should take when working at the homes of such cases.

MASS RADIOGRAPHY.—Mass radiography units operated by the Manchester and Liverpool Regional Hospital Boards have visited a number of districts both in the County area and in County Boroughs at which County residents have been able to attend.

VACCINATION AGAINST TUBERCULOSIS.—*Contacts.*—B.C.G. vaccinations of suitable contacts of cases of tuberculosis infection are carried out by chest physicians on behalf of the County Council. The following statement shows the numbers of such persons examined and tested for suitability for B.C.G. vaccination and the numbers actually vaccinated during the last five years:—

	1963	1964	1965	1966	1967
Number of persons tested for suitability for B.C.G. vaccination	2,191	2,726	2,228	2,487	2,504
Number of persons vaccinated	2,345	2,396	2,309	2,501	2,525

School children.—The County Council's proposals under section 28 of the National Health Service Act provide for B.C.G. vaccination to be offered to (i) school children who are approaching 13 years of age or are older and (ii) students attending universities, teacher training colleges or other establishments of further education.

During 1961 the Minister approved an extension of this scheme so that at the discretion of the local health authority B.C.G. vaccination may be offered to school children aged 10 years or more. It is not expected that any general extension on these lines will be necessary but it will enable appropriate steps to be taken immediately in any area where the need for early B.C.G. vaccination might arise.

The following table summarises the results of B.C.G. vaccination programmes completed at schools during 1967 and the previous four years and similar information for each health division and delegate district for 1967 is given in Table 20, page 168.

Year	No. of schools	No. of parents' consent forms				No. of children						Vaccinated with B.C.G.
		Sent to parents	Returned			Tuberculin test performed	Tuberculin test positive		Tuberculin test negative			
			Refused	Consented			No.	% of tests read	No.	% of tests read		
				No.	% of forms sent							
1963 ...	227	22,573	4,926	16,490	73.1	15,435	2,422	16.1	12,660	83.9	12,483	
1964 ...	257	27,542	5,142	20,064	72.8	18,911	3,092	16.8	15,351	83.2	15,055	
1965 ...	222	23,924	4,538	18,130	75.8	17,142	2,307	13.9	14,334	86.1	14,021	
1966 ...	232	26,256	4,375	20,693	78.8	19,225	2,485	13.3	16,132	86.7	15,883	
1967 ...	221	24,981	3,992	19,615	78.5	18,201	2,105	12.0	15,417	88.0	15,298	

The County Council's proposals under section 28 also enable the County Council to provide for the boarding out or, where necessary, placing in suitable institutions of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing segregation on account of B.C.G. vaccination.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.—The Secretary of State for the Home Department and the Minister of Health have reviewed the recommendations regarding the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis.

The question of the frequency of chest X-rays for persons whose work brings them into close contact with groups of children, and the procedure to be adopted when such persons are found to be suffering from respiratory tuberculosis, have now been reconsidered and authorities are recommended to act in accordance with the following advice:—

Candidates for Employment—

- (i) A candidate for employment which involves close contact with groups of children should not be engaged without a medical examination, including an X-ray examination of the chest.
- (ii) A candidate for such employment who is found to be suffering or have suffered from respiratory tuberculosis including pleural effusion should not be engaged unless and until the physician responsible for his treatment certifies that he is free from the risk of conveying infection.

All staff—

- (iii) All persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest at three year intervals. The Medical Officer of Health or some other responsible medical officer should, however, be enabled to require at his discretion more frequent X-ray examination in any circumstances which in his view make this advisable.
- (iv) If a person while thus employed is found to be suffering from respiratory tuberculosis, including pleural effusion, all contact with the children should at once cease and not be resumed until a medical certificate has been furnished stating that in the opinion of the physician responsible for his treatment he is free from the risk of conveying infection. The person should not be permitted to resume duty until a satisfactory medical certificate has been received. Subsequent certificates should be provided at three-month intervals during his first year of resumed service, and thereafter at six-month intervals as long as the physician considers it necessary.
- (v) If a case of respiratory or non-respiratory tuberculosis occurs in an organised group of children and the source of infection cannot be identified elsewhere, a full investigation of all people regularly in contact with the children should at once be undertaken.

The County Council have adopted the recommendations and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health Committee or the Children's Committee. The following is a list of the types of personnel who are included in these arrangements:—

Assistant divisional medical officers.	District midwives.
District nurses.	Health visitors/school nurses.
Tuberculosis visitors.	Supervisory nursing staff.
Clinic clerks.	Lay health assistants.
Home helps attending sputum positive tubercular cases.	Day nursery staff (including students).
Mental health training centre staffs.	Part III accommodation—attendants.
Special schools—all staff except gardeners.	Dental officers.
Dental attendants.	Educational psychologists.
Home teachers (school health service).	Itinerant teachers of the deaf.
Physiotherapists.	Psychiatric social workers.
Speech therapists.	Orthoptists.
Children's hostels (Children's Committee)—all staff including domestics.	Residential nurseries (Children's Committee)—all staff including domestics.
Registered nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.	Registered child minders (Nurseries and Child Minders Regulation Act).
	School meals service—all staff.

Illness Generally.—Prevention, care and after-care in relation to illnesses other than tuberculosis are perhaps less specific and follow different lines.

MENTAL ILLNESS.—The prevention, care and after-care of mental illness is undertaken in accordance with the County Council's scheme for the provision of a mental health service which is dealt with fully later in this Report.

CERVICAL CYTOLOGY.—In 1965 the Health Committee considered the possibility of providing facilities for a screening service for women who are at risk of cancer of the cervix. The responsibility for examining slides of smears taken from such women had been placed by the Minister on Regional Hospital Boards and it was decided that the County Council, in conjunction with the appropriate Regional Hospital Board, should provide a cervical cytology service.

During 1967 the service was extended throughout the County, laboratory facilities being generally available, and at the end of the year 64 clinics were in operation. The following table shows the results of the work done in 1967:—

	Age group (years)						Total— all ages
	Under 20	20—	30—	40—	50—	60—	
No. of first smears taken ...	49	3,209	7,799	5,455	1,973	292	18,777
No. of repeat smears requested	5	200	543	428	185	26	1,387
No. of positive smears ...	—	4	26	40	9	—	79
No. of cases referred to G.P.'s for other conditions	9	288	888	682	271	38	2,176

VENEREAL DISEASE.—Arrangements are in being whereby, at the request of the hospital authorities, follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors. Local health authority activity in this field is, of course, mainly dependent upon the venereologist for its initiation in any particular case and the existing facilities provided by the County Council are adequate to meet the demands made upon them. Some hospitals employ their own social workers for the specialised work of following up contacts of cases of venereal disease.

The following table, compiled from returns supplied annually by medical officers of treatment centres, analyses by condition the number of County residents attending such centres for the first time in each of the last five years:—

Year	No. found to be suffering from—			
	Syphilis	Gonorrhoea	Other conditions (incl. non-venereal)	Total— all conditions
1963	103	622	2,400	3,125
1964	91	787	2,427	3,305
1965	92	653	2,537	3,282
1966	89	843	2,717	3,649
1967	(a) 37 (b) 63	994	2,750	3,844

(a) Primary and secondary, (b) other.

OTHER TYPES OF ILLNESS.—General arrangements also exist whereby the hospital authorities notify the County Council of the discharge of all patients who are in need of after-care. This enables the health visiting and nursing staff to carry out home visits in such cases and call into action any of the other social services which may be considered to be of assistance to the patient. Action is also initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

In appropriate cases, usually on the recommendation of the patient's own doctor, arrangements are made for convalescence in suitable convalescent homes of the recuperative holiday type. Where necessary, travelling expenses are paid.

Arrangements exist for emergency night attendance in appropriate cases of persons who are seriously ill and an evening attendance service for visiting solitary chronic sick people.

Towards the end of 1961 the County Council agreed to administer a day and night nursing and night sitter service for cancer cases, financed by the Marie Curie Memorial Foundation. Its main purpose is to assist the relatives of patients to obtain adequate rest periods from the responsibility of nursing, in addition to caring for those who live alone. During 1967 assistance was given in 117 cases.

CONVALESCENT HOME CARE.—Arrangements for the convalescence of general cases have been made with convalescent homes in various parts of the country to accept cases from the Administrative County. In addition to facilitating the convalescence of general cases, provision is also made in the County Council's scheme to enable young children to be sent away from home owing to the presence there of a person suffering from tuberculosis.

During 1967 there were admitted to convalescent homes 219 individuals compared with 172 in 1966. The following statements give particulars of the admissions:—

Adults admitted to Convalescent Homes

Name and address of home	Male	Female
Barrow War Memorial Convalescent Home	—	1
Binswood Red Cross Home, Didsbury	2	—
Blackburn and District Convalescent Home, St. Annes	8	20
Boarbank Hall Convalescent Home, Grange-over-Sands	—	2
Delton, Blackpool	8	3
Evelyn Devonshire Convalescent Home, Buxton	7	9
Grey Court, Hest Bank	5	5
Heath Memorial Convalescent Home, Llanfairfechan	14	—
Horncliffe Convalescent Home, Blackpool	—	7
John Braddock Convalescent Home, Colwyn Bay	1	—
Lady Forester Trust, Llandudno	2	1
La Sagesse, St. Annes	1	3
Lear Home, West Kirby	—	49
Mary Bamber Convalescent Home, Rhos-on-Sea	—	1
Metcalfe Smith Convalescent Home, Harrogate	3	1
Parkside, Arnside	—	2
Seabright, St. Annes	—	30
St. Tudno, Llandudno	—	1
British Epilepsy Association	—	1
TOTAL	51	136

Unaccompanied Children under School Age admitted to Convalescent Homes

Name and address of home	Male	Female
Ormerod Home, St. Annes	2	3
South Meadow, Prestatyn	1	—
Taxal Edge, Whaley Bridge	—	1
West Kirby	4	6
TOTAL	7	10

Mothers accompanied by children admitted to Convalescent Homes

Name and address of home	Mother with one child	Mother with two children
Grey Court, Hest Bank	5	1
Horncliffe Convalescent Home, Blackpool	1	—
TOTAL	6	1

The use made of the convalescent care scheme during the past five years is shown in the following statement of annual admissions to convalescent homes:—

	1963	1964	1965	1966	1967
Adults	245	203	198	149	187
Unaccompanied children under school age	27	19	13	23	17
Mothers accompanied by children—					
Mothers	3	3	2	—	7
Children	4	6	3	—	8
TOTAL ...	279	231	216	172	219

Because of a reduction in the number of convalescent home places available in recent years, it has been necessary to limit admission to persons under 70 years of age and cases recovering from acute illness or acute exacerbations of chronic illnesses.

NIGHT AND EVENING HELPS.—The County Council's arrangements for a night attendance service and an evening visiting service are outlined in the following paragraphs.

Night attendance service.—*Night helps.*—This service is intended to meet only the needs of cases of extreme urgency, usually chronic sick cases at home awaiting admission to hospital. The intention is that attendance by a night help will be provided where such help cannot otherwise be obtained or where continued night attendance is being carried out by a relative or friend who must work in the daytime, but that the service should not attempt to replace the traditional help of friends or neighbours.

The night help's duties are to keep the patient clean and tidy, provide general attention, make meals and if necessary feed the patient, maintain heating arrangements as required and be prepared to perform the last offices in case of death of the patient. With the exception of those already mentioned the help is not required to undertake household duties.

Attendance is normally limited to eight to ten hours in any one night and a charge, which may be reduced according to the financial circumstances of the patient, is made for each night's attendance.

During the year 2,446 night attendances were paid to 304 cases; corresponding figures for 1966 were 1,745 attendances and 247 cases.

Evening attendance service.—*Evening helps.*—This service is intended to be used only in cases where the alternative would be institutional treatment and to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary to make the patient comfortable for the night.

The application of the scheme is, in the main, similar to that for night helps. The service is, however, limited to one visit per day between the hours of 6 p.m. and 11 p.m.

No charge for either of the above services is made where the sole income of the patient is the old age pension or where he or she is in receipt of a supplementary pension or supplementary allowance from the Ministry of Social Security.

During the year 6,290 evening visits were paid to 98 cases, compared with 4,887 visits to 69 cases in 1966.

LOAN OF NURSING EQUIPMENT.—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment to be provided are generally made by hospitals, general practitioners or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in a number of areas mutual arrangements have been made with these organisations.

Stocks of equipment provided by the County Council are held by home nurses, County Council clinics and ambulance stations as determined by local needs and facilities. On account of the highly specialised treatment involved, special arrangements are made for the accommodation of patients suffering from paraplegia on discharge to their homes from hospital. The home nurse and her supervisor visit the patient in hospital and obtain first-hand information of nursing methods and equipment suited to the individual. Necessary equipment is then supplied to the patient's home under the supervision of the home nurse.

LAUNDRY SERVICE.—The care and after-care services include the provision of a laundry service for bedding and night clothing of persons urgently needing such assistance. Formerly a charge related to income, up to a maximum of 8s. 0d. per week, was made in appropriate cases, the amount being determined by application of a scale of allowances. However, during the year the laundry service was made completely free. It is limited to areas where suitable arrangements can be made with hospital laundries but now covers the major part of the County. Bedding is provided on loan and is normally collected, laundered and returned to the patient twice weekly.

On average three sets of bedding are required for each case, each set being made up of two sheets, four draw sheets and two pillow cases. Transport has been arranged by agreement with local councils, the W.V.S. and with private contractors.

Where appropriate, disposable incontinence pads as a supplement or, in some cases, an alternative to the normal laundry service are provided by the County Council. Some form of service can therefore be made available in all divisions. Protective pants and interliners are also provided for some incontinent patients who are able to be dressed during some part of the day.

The service which was given during 1967 comprised 563 cases where normal laundry was provided, 247 cases where normal laundry was supplemented by the supply of incontinence pads and 1,069 cases where incontinence pads only were supplied.

Problem Families.—Following the recommendations of the working party set up in 1963 to consider the system of co-ordinating the work of the Health, Children's and Education Departments in connection with problem families and families with problems, the initiative now rests with each department and its staff to bring cases forward for discussion with other departments, particularly when there appears to be the need for a case conference to be held as distinct from informal consultation on any particular aspect of a case, and no one officer is responsible for convening conferences and co-ordinating work with families needing help.

Any officer actually concerned with a family in need of help may initiate a case conference with the appropriate officials of other departments and bodies as and when necessary. The senior officers of the three departments at area or divisional level may initiate discussions at their discretion on matters of policy arising within the work with families in need of help or advice. The discussions may take place at area/divisional level or district/sub-district level.

During 1967, 144 case conferences were held throughout the Administrative County area, 87 of which were initiated by staff of the Health Department. New cases dealt with during the year comprised 353 families with 1,291 children. The number of families on the books at the end of 1967 was 1,128 with 4,694 children.

The statutory focus of responsibility for ensuring that action is taken to give timely and effective help to families in need rests with the County Council as the Children's Authority, but arrangements for carrying out preventive work which existed prior to the passing of the Children and Young Persons Act, 1963, remain largely undisturbed.

The link with housing authorities, basically through the divisional medical officer because of his responsibilities as district medical officer of health, is retained. This is materially assisted by the close contact maintained with many housing managers through the case conferences which they attend. During 1967, 98 families with 396 children were re-housed, 63 of these, with 255 children, by district councils.

The services provided by the County Health Committee to deal with these families include:—

- (a) Health visiting.
- (b) Mothercraft training.
- (c) Use of specially selected home helps and loan of kitchen equipment.
- (d) Provision of day nursery accommodation.

(a) *Health Visiting.*—Experience shows that the health visitor can play a most important part in the preventive aspect of work with these families as she is the only worker who regularly goes into all homes where there are children. She is in a particularly good position to see the early signs of deterioration and is often able to take appropriate action to help the family in the early stages. This is true preventive work and as such is extremely difficult to record for statistical purposes. The County Council health visitors spend a considerable amount of time on work with problem families and potential problem families and this often goes on for years before much improvement can be seen.

(b) *Mothercraft Training.*—In certain cases mothercraft training may prove most valuable in the rehabilitation of the family. It is, however, most important that the training should be introduced as part of a larger plan for dealing with a family and when the mother returns home further help will be required to ensure that the lessons learnt in the period of training are put into practice.

The County Council send mothers for training to the Brentwood Recuperative Centre, Marple, Cheshire, which is administered by the Community Council of Lancashire and has been used continuously for a number of years. In addition arrangements are occasionally made with probation officers for the accommodation of mothers and children at the Elizabeth Fry Home, York.

Details of mothers and children sent by the County Council to Brentwood during the past six years are given in the following statement:—

Year		Mothers		Children	Year		Mothers		Children
1962	...	7	...	21	1965	...	3	...	12
1963	...	5	...	17	1966	...	5	...	21
1964	...	8	...	30	1967	...	12	...	34

(c) *Use of Specially Selected Home Helps and Loan of Kitchen Equipment.*—The County Council's proposals under section 28 of the National Health Service Act, 1946, indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children or the break-up of problem families or potential problem families. Such steps may include the use of specially selected home helps to work with the mother in her home to teach her housecraft. In 1967, eleven cases were dealt with.

Normally a charge is made for a home help in accordance with the family income but in these special cases the divisional health committee, at their discretion, may reduce the assessed charges or waive them altogether for a period of five weeks subject thereafter to a review each month in cases where it is considered that the supply of home help would be a major contribution to meet the problems of the family. The divisional health committee may decide subsequently that the charge should be increased, by stages if necessary, up to the full amount that would normally be paid in accordance with the assessment scale.

(d) *Provision of Day Nursery Accommodation.*—Children of problem families are regarded by the County Council as coming within the priority groups for admission to day nurseries and provision is made in the assessment scales regulations whereby the fee normally payable on the basis of family income can be reduced or waived altogether if the circumstances warrant such a course.

In addition, family unit accommodation is provided under the National Assistance Act, 1948, to deal with evicted families. Further reference to this work is made on page 000 of this Report.

Chiropody Service.—This service, provided under section 28 of the National Health Service Act, 1946, is made available to the elderly (men of 65 or over and women of 60 or over), registered handicapped persons and expectant mothers. Voluntary associations already providing a chiropody service when the County Council scheme commenced were given the opportunity of continuing their services in accordance with the general conditions laid down. The service is provided either in clinics or chiropodists' surgeries according to local circumstances and domiciliary treatment may be provided on the authority of a medical practitioner, district nurse, health visitor or midwife. No charge is made for treatment.

The divisional health committees and councils of delegate districts are responsible for the administration of the service within their areas and these may be provided directly by such bodies or by arrangements with local voluntary associations.

During 1967 the service provided directly by the County Council continued to expand. Thirty-one additional chiropody clinics were opened, bringing the total to 198. In areas where it has not been possible to set up a clinic, arrangements have been made for treatment to be carried out in private surgeries. The table below shows that during 1967 approximately three-fifths of the patients treated under the direct services were treated in clinics.

The indirectly provided services are organised by voluntary associations who claim grants from the County Council in respect of expenditure on chiropodists' fees and certain other expenses. Almost all of these services were founded prior to 1st January, 1960. The composition of the indirect services differs considerably from that of the direct services since there has been less tendency on the part of the voluntary associations to concentrate treatment in clinics. Consequently the number of patients treated in surgeries is a much higher proportion of the total than in the direct services.

A comparison and summary of the direct and indirect services for 1967 is given in the table below together with the totals of patients and treatments provided in each of the last four years. Detailed statistics for each area are given on pages 169 and 170, Table 21 covering the services provided directly by the County Council and Table 22 the services provided by voluntary associations.

				Chiropody service provided—					
				Directly by County Council		By voluntary associations		Totals	
<i>Category of patient—</i>				Patients	Treatments	Patients	Treatments	Patients	Treatments
Aged persons				42,855	188,315	13,175	61,569	56,030	249,884
Handicapped persons ...				743	2,983	109	530	852	3,513
Expectant mothers ...				41	56	2	5	43	61
TOTAL				43,639	191,354	13,286	62,104	56,925	253,458
<i>Place of treatment —</i>									
Clinics				26,340	115,117	4,571	21,216	31,001	136,333
Surgeries				940	5,081	5,355	26,058	6,295	31,139
Homes for the aged ...				2,910	11,353	17	95	2,927	11,448
Patients' homes				13,359	59,803	3,343	14,735	16,702	74,538
TOTAL									
1967				43,639	191,354	13,286	62,104	56,925	253,458
1966				39,713	174,927	13,892	63,750	53,605	238,677
1965				34,749	161,625	15,059	68,687	49,808	230,312
1964				28,717	151,742	19,098	98,520	47,815	250,262

On average the number of treatments given per patient in the year 1967 was 4.4 to those attending clinics, 4.9 to those attending surgeries, 3.9 to those in homes for the aged and 4.5 to patients treated at home.

In order to allocate the time of chiropodists as fairly as possible the Health Committee decided that from 1st January, 1965 a normal frequency of treatment of once in eight weeks should be established.

Health Education and Propaganda.—Health education is the best means of preventing ill-health and it has always been the desire of the Health Committee to use this service on as wide a front as possible so that no age or section of the community should be excluded. Many different methods are therefore used to achieve this end. One of the most valuable forms of health education is still through the personal contact of medical officers, health visitors and other nursing staff with mothers in the clinics and families in the home and every encouragement is given by Divisional Medical Officers to their staffs to pursue this form of propaganda when and wherever the opportunity arises.

Every help is given to the Health Divisions by the Department's health education unit and the year 1967 showed an increased demand for the services of this unit. This is reflected in the figures of film shows given, talks, project material provided and campaigns. The diversity of project and campaign material has been considerably increased and more special material for use on single occasions in clinics and schools has been made.

The year also saw a greater effort on the part of the unit in producing more of the pamphlets and posters used for specific campaigns or to provide information on topical subjects. The unit co-operated with the Manchester and Merseyside Committees for Cancer in the production of a series of pamphlets for use in the cervical smear campaign. These pamphlets and posters have been well received by many other local authorities for their arrangement and presentation and many of these authorities have purchased copies of the leaflets for use in their local campaigns.

LECTURES AND GROUP DISCUSSIONS.—There is still a popular demand for this type of health education, especially as many of the lectures are illustrated by 16 m.m. cine film or 35 m.m. film strips. School teachers are being encouraged to plan health education topics as part of the term syllabus with specific periods set aside during the week and some form of continuity of subject matter. In this way more interest is created, there is a step by step progression and an active audience participation. Group discussions form part of school projects in the analysis of the problem including its nature, extent, the people at risk, and also the recognition of the cause. Towards the end of the project, an evaluation of project material and ways of providing a solution to the health hazard are discussed. Group discussions are an effective way of promoting audience participation, and also in finding out the personal problems of the members of the groups.

FILMS AND FILM STRIPS.—The use of films and film strips as visual aids to a lecture group discussion or health project continues to suffer from faulty presentation. There is still a marked tendency to use a film in place of a speaker, and even to use a film without a speaker or as a stop-gap measure. Whilst some information is passed on by the health content of the film, the majority of films require supplementary information, the answering of queries raised by the subject matter and the elucidation of some particular point in the film. During the year 713 film shows were given.

The purchasing of films to replace worn out films or as an extra subject to the film library continues to present many problems. There is a constant search for well produced effective films and during the year the following films and film strips were added to the film library.

Films.

- "Where There's a Will" (dental).
- "From Boy to Man" (sex education).
- "Drugs and the Nervous System" (drug addiction).
- "The Addict Alone" (drug addiction).
- "What to Eat" (nutrition).
- "As the Twig is Bent" (child care).

Film Strips.

- | | |
|---------------------------|------------------------------------|
| "Sensible Toys". | "Cancer Education. Pts. I and II". |
| "Oil Heaters". | "Drugs. Pts. I, II and III". |
| "Breast Feeding". | "Good Health for You". |
| "Clothing Baby". | "Slimming for Youth". |
| "Mental Health Services". | |

POSTERS AND PAMPHLETS.—Some attempt has been made to reduce the very large range of posters and pamphlets stocked by the unit. There are too many examples of duplication of productions on the same topic. In some cases it has been found more effective, economically advantageous and better from a presentation point of view for the department to design its own leaflet. In this way it has been possible to approach the problem using local terminology and interests. Amongst the leaflets and pamphlets produced by the Department were:—

- "Did you Know" (dental leaflet).
- "Have you Heard about Cervical Smears" (cancer education leaflet).
- "Mary Makes Up Her Mind". (cancer education leaflet).
- "The Doctor Told Me". (cancer education leaflet).
- "Join Our Preparation for Motherhood Classes" (antenatal poster).

During 1967 more than 800,000 pamphlets and 50,000 posters were supplied. Six special campaigns using posters issued free of charge by the Ministry of Health were staged during the year and particulars are found under relevant headings. Two new Divisional handbooks were supplied and the preparation of two others commenced.

CAMPAIGNS.—*Smoking and Health.*—Teenage interest in ‘Smoking and Health’ campaigns seems to be on the wane and it is found more profitable to encourage schools to participate in projects dealing with smoking and health on an investigation basis, than to provide an exhibition which can be visited. The project includes an investigation into the smoking habits of the pupils, the cost in health and money, the economics of the tobacco manufacturing industry and a discussion on the best method of tackling the education of the public on the health hazards of smoking. Unfortunately there is little to suggest that any major decrease has occurred in the smoking habits of teenagers and members of the general public.

During the year two poster campaigns directed at schools, youth groups and places of work, were promoted using posters supplied free of charge by the Ministry of Health.

Dental Health.—The demand from Divisional Health Committees and Education Executives for the Department’s dental health exhibition has increased considerably since it was first staged in 1965.

In the past year the exhibition, which is constantly being modified to keep abreast of current interest, provided a focal point for nine dental health campaigns in the County. Some 16,000 pupils attended the exhibition and received instruction in oral hygiene given by dental staff and health visitors. The staging of each dental health campaign is co-ordinated with projects on the subject carried out in schools under the supervision of the teachers. Poster and essay competitions are organised and winners are awarded Certificates of Merit.

Junior schools are being encouraged to stage projects on dental health and good oral hygiene habits and a booklet has been produced for use by teachers, suggesting a scheme of talks and demonstrations. The co-operation of teaching staff is one of the essentials of any campaign concerning children and to further this a group meeting was organised for head teachers at which dental health education material available was demonstrated. The Principal Dental Officer spoke on the need for dental health education and the main causes of dental decay. A discussion session following showed that head teachers and their staff had a lively interest in the subject and there was an informative interchange of information on both the education material available and the means of presenting it.

The ‘Happy Lion’ dental health project, which uses role playing and learn-through-play techniques in establishing good oral hygiene habits in the 5-7 group was the subject of a pilot study during the year. Modifications were made, and the scheme tried out in a local junior school. The trial run proved that this means of generating interest in dental health and helping to establish good oral hygiene habits is one which is readily accepted by primary school children. Further experiments will be tried using hand, stick and glove puppets, allowing for the use of a much smaller stage area. It is also intended to pursue the possibility of a mobile unit featuring the ‘Happy Lion’ coupled with dental health material which could be loaned to schools.

Home Safety.—Unfortunately, due to lack of staff there was no progress in the formation of new voluntary Home Safety Committees in the County area, and in fact five Committees ceased to function.

The ‘Birdbrayne’ exhibition’s theme spread outside the County boundaries and a request was received from Imperial Chemical Industries to borrow the exhibition for staging at their factories at Grangemouth, Scotland, Blakeley, Manchester and Northwich, Cheshire, at each of which it aroused great interest.

A new venture in home safety was the promotion, in partnership with the Irlam Home Safety Committee, of a Water Safety Gala for schools in the Irlam and Cadishead district. The gala featured various forms of life saving and resuscitation methods and competitors were judged on the skill displayed. The Irlam and Cadishead Authority presented a trophy for award to the winning team. The gala created a great amount of interest.

During the year 25 major home safety exhibitions were staged.

The annual home safety conference with the theme ‘Buying for Safety’ was held at East Cliff County Offices, Preston, during November under the chairmanship of County Alderman H. Lord, Chairman of the Health Committee and was attended by 55 delegates. The speakers included:—

Mr. L. H. Elliott (North Western Electricity Board).

Mr. R. Berry (British Standards Institute).

Mrs. E. J. M. Leigh (Pharmaceutical Society of Great Britain).

Delegates were given the opportunity to view new home safety exhibition stands, and project material constructed by the health education unit. There was a display of posters, publicity material and other visual aids and a review of the work of the Home Safety Committees during 1967.

The following trailers toured the County area during the year:—

1. ‘Make it a resolution to avoid accidents in the Home’—January, February. Attention was drawn to the number of fatal accidents occurring in the home, and the public were asked to make a New Year’s resolution to avoid causing such accidents.
2. ‘Prevention is the Spearhead of Home Safety’—April, May, June, July and August. The trailer depicted a castle from which was emerging a knight carrying a lance bearing the slogan ‘Prevention is the Spearhead of Home Safety’. The trailer made 15 appearances in carnivals and galas and was sponsored by the local Home Safety Committees.

3. "Guy Fawkes"—November. A "Safety-with-Fireworks" campaign for the third week of October and ending on bonfire night was staged. With the help of the Education Department posters and pamphlets calling attention to the dangers and misuse and abuse of fireworks and giving advice on the correct and safe way to light bonfires and set off fireworks were distributed to all schools and libraries. Local Home Safety Committees arranged for members of the Lancashire Constabulary and Lancashire County Fire Brigade to give talks in schools on the theme "Safety-with-Fireworks". The trailer depicting Guy Fawkes bearing a large notice board stating "Burn me, not yourselves" supported with boards giving hints on the safe use of fireworks, toured the County area and visited schools.
4. "Father Christmas" surrounded by large packages, on the sides of which were hints for a safe Christmas, toured the County districts during the two weeks preceding Christmas.

Small exhibitions having a home safety theme were staged in 26 public libraries during the year.

Sex Education.—The majority of secondary schools now include in their "preparation for adulthood" courses the anatomy and physiology of sex, growing up from boy to man and from girl to woman and the story of menstruation.

Many schools use their own staff in the presentation of this information asking only for a medical officer or health visitor to speak on matters affecting anatomy and physiology and the story of menstruation. Films from the health education film library are readily lent to schools for use as visual aids in this type of personal relationships course.

Venereal Disease.—There continues to be a small but steady demand for information and education on this topic, and all schools include a period for information on the venereal diseases in their personal relationships course. Many youth clubs include an annual evening for the presentation of the display material and a talk on venereal diseases. These talks and discussions are always led by Dr. P. S. Silver, the consultant venereologist, or an assistant divisional medical officer. Films including "The Innocent Party" and the film strip on V.D. are loaned for use at these sessions.

Mental Health.—The mental health exhibition was staged in whole or in part on 10 occasions, and the County Council's film "Our Responsibility" shown on 45 occasions. An enquiry for the purchase of this film was received from Italy and arrangements made for the enquirer, a consultant psychiatrist working in a clinic in Rome, to be supplied with a copy. Many requests were received for the loan of this film to authorities and voluntary groups outside the Administrative County area, and 15 such loans were made.

The "Mental Health Week" was staged from the 4th June, 1967, and it was supported by the mobile exhibition illustrating some of the work of the mental health training centres. Four special exhibitions were staged during the period, and the campaign generally supported by the distribution of specially designed posters and leaflets produced by the unit. A distribution was made to all schools, career masters, Ministry of Labour and Youth Employment Officers, of a specially prepared booklet designed to aid recruitment to the Mental Health Service.

Topics.—All major clinics in each health division were supplied with a range of small portable exhibition material throughout the year. Topics of this material included child welfare, relaxation classes and dental health. The displays were also useful in providing information about vaccination and immunisation.

A greater effort was made to popularise topics in schools and to encourage regular periods of health education subjects as part of normal school curriculum. Many schools have established a regular health education syllabus in their school activities, and this may appear under various guises, such as topic material, rural science, general science, etc. The unit continues to supply information, materials, audio-visual aids, exhibition stands and other material required for use by the group staging the project. Speakers are provided by divisional health staff, and topics have included subjects such as accident prevention, the work of the Public Health Inspector, Man in the Community, Man at Play, Man in His Environment, and the usual subjects of Smoking and Health, etc. It is encouraging to note that once a school has staged a topic it readily accepts further topic material and requires little persuasion to venture into new subjects.

Again, many schools now run what is best described as a school leavers programme at the end of the academic year just before the senior boys and girls leave school. Included in topics for explanation and discussion are "Growing up", "Anatomy and Physiology of Sex", "V.D.", "Boy to Man", "Menstruation", etc.

IN-SERVICE TRAINING.—The monthly health education day for Assistant Superintendent Health Visitors and other senior nursing staff continues to be a very successful way of providing information and demonstrating new materials. There is an opportunity to preview latest films and filmstrips and to provide information on the latest content matter of health education material.

The health education unit is participating at more and more divisional monthly conferences and these provide opportunities for the latest material to be brought to notice and for discussion of questions on the availability of health education material. There is also opportunity to discuss presentation of special campaigns, and to gain information in the production of specially designed material.

HEALTH TALKS.—Altogether 908 health talks were given during the year, excluding routine talks at school clinics and child welfare sessions. The talks dealt with the following subjects:—

In Schools—

Subject	No. of talks
Feet and Posture	3
Hygiene	57
Mothercraft	135
Dental hygiene	15
Home safety	30
Immunisation, vaccination and infectious diseases	13
Work of the health visitor, etc.	15
First aid and anatomy	127
General health	94
Smoking and lung cancer	19
Growing up	81
Diet and food hygiene	15
TOTAL	604

Others—

Antenatal and child care	142
Training lectures to the public (first aid, home nursing, etc)	1
The health services	22
Home safety	7
Work of the assistant divisional medical officer, health visitor	24
Training lectures to staff and students	3
Mental health	5
Smoking and lung cancer	11
Care of the aged and handicapped	7
Diet and food hygiene	22
General subjects	38
Sex education	22
TOTAL	304

The staff concerned in these talks were as follows:—

	No. of talks
Medical officers	61
District nursing sisters	9
Home help organisers	2
Mental welfare officers	12
School nurse/health visitors	689
Speech therapists	—
Training centre supervisors	20
Welfare organisers	28
Headquarters staff	87

HOME HELP SERVICE

The total number of cases attended during 1967 was 26,763—an increase of 1,700 over the figure for the previous year. The number of staff increased by 218 to a total of 4,399 employed at 31st December, 1967. Of these, four were employed whole-time and the remainder part-time for varying periods. The whole-time equivalent of the 4,399 home helps, *i.e.*, 2,370, was 101 more than the corresponding figure for the previous year. The number of organisers and assistant organisers, who are responsible for the day-to-day control of the service under the direction of the divisional medical officers or medical officers of delegate districts was 57 full-time and four part-time.

The County Council's proposals regarding the home help service enable a laundry service to be provided for bedding and night clothing of persons urgently needing such assistance and who are in receipt of home help. Similar provision is also made in connection with the prevention of illness and after-care schemes under section 28 of the National Health Service Act, 1946, and for the time being the laundry service will function under this section.

In addition, the County Council's proposals under section 28 indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children, or the break-up of problem families or potential problem families. In this connection the Health Committee have agreed to the employment of specially selected home helps. Further particulars are given on page 82.

Service Statistics.—The statement below shows for the Administrative County as a whole the number of home helps employed at the 31st December of each of the last five years, together with their whole-time equivalents and the number of instances by type of case in which home help was provided in each of those years.

Year			Home helps employed at 31st December		No. of cases for which home help was provided during the year for—							Total cases attended per 1,000 population
			Total	Whole-time equivalent	Problem families	Confinements		Tuberculosis	Chronic sick and aged & infirm	Illness and others	Total	
						At home	Away from home					
1963	...	...	3,983	2,107	20	673	141	122	19,412	1,613	21,981	9·7
1964	...	...	4,101	2,165	15	658	176	126	20,792	1,626	23,393	10·2
1965	...	...	4,054	2,102	16	611	223	109	21,898	1,614	24,471	10·5
1966	...	...	4,181	2,269	27	537	182	106	22,607	1,604	25,063	10·6
1967	...	...	4,399	2,370	23	432	202	84	24,396	1,626	26,763	11·2

Table 23, page 171, gives for the year 1967 a detailed breakdown of the case totals and shows for each health division and delegate district the number of cases attended, distinguishing where appropriate between cases aged under 65 years and those aged 65 years and over, the proportion each category of case forms of the total of patients cared for and the ratio of cases attended to population served.

In four selected weeks of the year (normally the 11th week of each quarter) a survey is undertaken of the amount of help provided for each category of case and Table 24, page 172, reproduces the resultant analysis for the 11th week of the December quarter, 1967, and gives comparative totals for all case categories combined for the corresponding week in the December quarter of the previous year. The pattern of the supply of home help is clearly defined. Of the 17,868 cases attended, 16,291 or 91 per cent. were persons aged 65 years and over and these cases received 85,369 hours or 90 per cent. of the total amount of help provided during the week (94,794 hours). Not shown in the table is the fact that 16,310 cases either lived alone or lived with another person incapable of housework. The table also illustrates the distribution of help to the ten categories of cases both as regards the number of days of the week on which help was provided and the number of hours of service involved. Of the 17,868 cases attended, 14,118 received help on only one or two days of the week and 16,524 cases received less than 10 hours of service.

A comparison of case totals and total hours of service provided during corresponding weeks of the December quarter of the past five years shows that, in a period of service expansion, there was a small reduction each year in the weekly number of hours of service per case.

Year	Total cases attended during the week	Total hours of service provided	Hours per case
1963	14,418	88,504	6·14
1964	15,327	90,942	5·93
1965	15,666	88,267	5·63
1966	16,508	90,757	5·50
1967	17,868	94,794	5·31

Ability of Users to Pay for the Service.—Under the provisions of section 29 (2) of the National Health Service Act, 1946, recovery is made from persons availing themselves of the home help service of charges for the services rendered. For assessment of these charges a scale of allowances is in operation in order to ascertain the net income from which recovery can be made. The charges are reviewed and, in appropriate cases, reduced after the third week of service and again after the thirteenth week. In any event the cost to the user of the service in no case exceeds the actual cost of the service to the County Council.

From periodic analyses of assessments made it may be said that in about 85 per cent. of the cases attended home help is ultimately provided free—a corollary to the fact that the bulk of the persons attended are old, infirm and chronic sick.

MENTAL HEALTH

Whilst the service continued to expand during the year particularly in the field of staff training the number of new premises brought into use was limited to two training centres. Despite the fact that capital expenditure on new projects had been restricted by the national economic conditions applying in 1966, the overall position at the end of 1967 with regard to projects in hand was encouraging as will be seen from later paragraphs devoted to this aspect.

The County Council discharges its duties under the National Health Service Act, 1946, and the Mental Health Act, 1959, by providing junior and adult training centres, special care units and social clubs for mentally disordered persons, and residential accommodation for juniors and adults who are suitable to live in the community at large but who, for various reasons, cannot live in their own homes. In addition, the County Council has a duty to supervise mentally disordered persons placed under its guardianship but the use of this provision of the Mental Health Act is decreasing, informal help and guidance being found more appropriate in almost all cases.

A staff of mental welfare officers in each health division provides a varied social work service. In general the mental welfare officer's main function may be summarised as the carrying out of duties in respect of the prevention of mental illness and the care and after-care of persons who are suffering or have suffered from mental disorder. Amongst these duties is that of finding open employment for trainees at adult training centres in co-operation with the training centre staff and provision of continued help and support once trainees are placed. As an illustration of this aspect 22 trainees left adult training centres during the year to take up open employment compared with 10, 15, 36 and 47 in the four preceding years.

There was a further increase in the number of medical practitioners approved to make medical recommendations under section 28 of the Mental Health Act, 1959, and it would seem there is no difficulty in maintaining sufficient numbers throughout the County area to undertake this duty.

Compared with 1966 there was a rise in 1967 of just over four per cent. in the number of mentally disordered children and adults in care; 9,783 were in care at the end of 1967, comprising 5,326 mentally ill persons, 4,054 subnormal or severely subnormal and 403 persons who had become mentally infirm in old age. The number of subnormal and severely subnormal adults in ordinary work decreased slightly from 616 to 593 during the year, which reflects a small proportionate reduction—from 24·2 per cent. of the total under care in 1966 to 21·8 per cent. in 1967.

Staff training has continued and a point worthy of special mention is the training position relating to junior training centre staff. By the end of the year over 50 per cent. of the staff of these centres were qualified or in the course of obtaining a National Training Council Diploma.

A change in County Council policy took place in September when full responsibility for the operation of social clubs for the subnormal was taken over by the Health Committee from the Education Committee with which they were formerly registered as Youth Clubs.

Staff.—MEDICAL OFFICERS.—During the year a further nine of the County Council's medical officers obtained one of the qualifications governing the examination of subnormal children specified in the Medical Examination (Subnormal Children) Regulations, 1959, and most of the medical staff now hold a qualification specified under these regulations. At the end of the year 34 County Council medical officers and 141 other medical practitioners were approved under section 28 of the Mental Health Act, 1959, to make medical recommendations concerning mentally disordered persons.

CONSULTANT PSYCHIATRISTS.—It is the joint policy of the County Council and the Manchester and Liverpool Regional Hospital Boards to provide close liaison between the County Council's mental health services and the hospital services. To this purpose the hospital consultant psychiatrists, three of whom are part-time members of the County Council's staff, are available to advise mental welfare officers in the performance of their duties.

MENTAL WELFARE OFFICERS.—The total number of qualified mental welfare officers employed at the end of 1967, was 76, which included 9 psychiatric social workers. In addition 11 trainee mental welfare officers and one welfare assistant were employed, making a total staff of 88. Of these, 32 were qualified by possessing an appropriate degree or diploma, or the certificate in social work, and 40 by virtue of having had sufficient approved experience in mental welfare work. During 1967 three mental welfare officers qualified as psychiatric social workers and eight obtained the certificate in social work. By the end of the year an additional twelve were taking courses leading to the award of a social work certificate.

Two trainee mental welfare officers attended an induction course at Leeds for staff with less than 12 months' experience and mental welfare officers also attended several other courses and conferences throughout the year.

Confirmation was given during the year to the continuance as a permanent arrangement of a rota system of "on call duty" between mental welfare officers of Health Divisions Nos. 12 and 13 and the County Borough of Bury.

HOSTEL STAFF.—As no new hostels were brought into operation in 1967 the establishment for staff remained unchanged. Actual staff employed at the 31st December, 1967, comprised 14 wardens, 12 deputy wardens, three matrons, three deputy matrons, and 92 attendants of whom 68 were employed part-time, together with the normal complement of cooks and domestic staff.

TRAINING CENTRE STAFF.—The table below shows the number of training centre supervisory staff in each category at the 31st December, 1967:—

					Junior and mixed centres	Adult centres
Superintendents	...	...	...	...	—	23
Supervisors	...	...	...	...	23	—
Instructors	...	...	...	...	—	116
Assistant supervisors	...	...	...	...	86	—
Trainee assistant supervisors	...	...	...	...	42	—
Total					151	139

Other types of employee at training centres include physiotherapists and speech therapists (part-time), general helpers, cooks, meals assistants, guides and domestics.

In September, 1967, the second of a series of one year training courses for adult training centre staff leading to the National Training Council's Diploma commenced at the Harris College, Preston, and four superintendents of County Council adult training centres were seconded to it. In addition four superintendents of adult training centres were seconded to the Diploma course organised by the Kingston-upon-Hull College of Commerce. Nine superintendents successfully completed the first one-year course finishing in July, 1967 and were awarded the diploma. The number of superintendents holding the diploma or taking a course leading to the diploma was 17 out of 23 at the end of the year.

The thirteen members of the junior training centre staff who commenced the two-year course at the Harris College in 1965 and the four who took the one-year course beginning in 1966 were all successful in obtaining the diploma. By the end of the year 50 of the staff were qualified, which, together with a total of 34 undergoing a course leading to the diploma meant that over half the staff of 161 held a qualification or were undergoing training.

Building Programme.—In the Report for the year 1966 it was explained that severe limitations had been put on the County Council's building programme for 1966/67 because of the national economic situation. However, owing to relaxations made by the Ministry in April and November, 1966 plans were able to proceed with the building of those projects originally included in the 1966/67 building programme but deferred by the Ministry owing to the need to impose economic restrictions. This resulted in nine further projects being commenced, which together with the seven already in building meant a total of 18 in course of construction at the end of 1967. The position at the 31st December, 1967, with regard to establishments was as follows:—

			Training centres		Hostels	
			Adult	Junior and mixed	Adult	Junior
Existing at 1.1.67	...	...	23	20	14	3
Brought into operation during 1967			—	2	—	—
In operation at 31.12.67	...	...	23	22	14	3
Under construction at 31.12.67	...		7	2	8	1

In addition to the above, extensions at three adult training centres were completed and brought into use during the year. All the projects under construction at the end of 1967 are expected to be completed by the end of 1968.

Industrial Centre.—It has been the Health Committee's policy ever since the inception of the adult training centre service to admit most grades of mentally subnormal persons. It is obvious, therefore, that although one of the objects of the adult training centre is, ideally, to train the mentally handicapped to a level where they can obtain and retain employment in outside industry, this ideal will be attained in only a comparatively small percentage of cases. At the other end of the scale is a group of trainees, again comparatively small in number, who, by reason of severe subnormality often coupled with physical handicap, are incapable of being trained to any real productive level. The majority of those attending adult centres fall into the intermediate group and are capable of being trained to do useful and profitable work. Within the group are a number who can achieve a relatively high output but who for one reason or another could not maintain themselves in open employment.

It seemed clear, therefore, that if the full potential of this last group was to be realised there was a need for a slightly different type of establishment to cater for them. In 1964 the Health Committee decided that the adult training centre then being built at Kirkby should be used for this purpose and that when in operation it should simulate as far as possible normal factory conditions, concentrating on the bulk output of a narrow range of goods rather than on the production of a wide range of articles in small quantities as is the case in the normal adult training centre.

The centre opened at the end of 1965, but was not fully equipped with machinery until several months later when it was better known on what type of product the centre would concentrate. A decision was taken to produce woodware in general and wooden toys in particular.

The higher grade trainees from several adult training centres were "creamed off" for admission to Kirkby and by the end of 1966 there was some evidence to suggest that a reasonable output might be achieved. Because, however, of the difficulties of marketing products and the small range of goods manufactured the progress of making the centre a successful commercial proposition has been necessarily slow and it may well be that some thought will have to be given to the production of a bigger variety of articles. If the Kirkby experiment eventually proves successful then the creation of similar centres in other parts of Lancashire might become a practicable proposition, and consideration may well be given to the setting up of a sheltered workshop officially recognised by the Ministry of Labour for grant purposes.

Training Centres.—A summary of the numbers of training centre places provided by the County Council and of attendances at the centres during 1967 and the five previous years is given below. Similar information for each centre for the year under report is given in Table 25, page 173.

Year		Position at 31st December			Attendances during year		
		No. of centres	No. of places nominally available	No. on register	Total day places nominally available	Total attendances	Proportion (per cent.) of attendances to nominal places available
1962	(a)	20	1,098	1,037	212,994	160,987	76
	(b)	4	240	258	49,420	43,121	87
	(c)	1	20	22	3,740	2,860	76
	(d)	25	1,358	1,317	266,154	206,968	78
1963	(a)	20	1,091	1,034	214,925	165,873	77
	(b)	8	480	478	91,220	74,014	81
	(c)	1	20	22	4,140	3,476	84
	(d)	29	1,591	1,534	310,285	243,363	78
1964	(a)	20	1,115	1,060	217,669	172,977	79
	(b)	11	517	678	93,717	110,339	118
	(c)	1	20	27	4,880	4,494	92
	(d)	32	1,652	1,765	316,266	287,810	91
1965	(a)	20	1,119	1,001	224,320	157,810	70
	(b)	22	1,024	1,113	180,883	199,753	110
	(c)	1	20	30	4,680	4,835	103
	(d)	43	2,163	2,144	409,883	362,398	88
1966	(a)	20	1,119	1,023	221,212	157,268	72
	(b)	23	1,099	1,325	237,185	242,376	105
	(c)	1	20	25	4,500	4,405	98
	(d)	44	2,238	2,373	462,897	404,049	89
1967	(a)	22	1,275	1,113	235,446	171,240	73
	(b)	23	1,164	1,433	251,257	281,766	112
	(c)	1	20	27	4,540	4,653	102
	(d)	46	2,459	2,573	491,243	457,659	93

(a) Junior and mixed centres. (b) Adult centres.
(c) Separate special care units. (d) All centres.

The following table shows the total County cases attending day training centres and special care units at the end of each of the last five years:—

Year	No. of County cases attending —				
	County Council centres		Other authorities' centres	Other bodies' centres	Total
	Junior and mixed	Adult			
1963	1,108	410	52	27	1,597
1964	1,087	678	45	22	1,832
1965	1,031	1,113	69	58	2,271
1966	1,029	1,313	64	30	2,436
1967	1,159	1,409	75	34	2,677

The above figures show an increase of 130 in the number attending junior and mixed training centres in 1967 which is equivalent to a rise of approximately 12·5 per cent. on the previous year. The opening of two new centres and extensions at three others providing 156 extra places enabled this number to be absorbed comparatively easily, and there was little change in the ratio of attendances to nominal places available.

No new adult centres were opened and the increased attendance of 96 (7·3 per cent.) had the effect of raising the proportion of attendances to nominal places available to 112 per cent.

ATTENDANCE OF COUNTY TRAINEES AT OTHER AUTHORITIES' AND BODIES' TRAINING CENTRES.—In addition to the trainees attending County Council training centres there were a further 92 mentally subnormal persons (45 junior and 47 adult), who went for training to centres administered by other local authorities or voluntary bodies. This facility was also extended to other local authorities by the County Council in respect of eight persons.

OTHER DAY CENTRES.—Approval was given to payments being made to Salford County Borough in respect of the attendance at Cleveland House Psychiatric Day Centre of hospital patients normally resident in the County area. The consultant psychiatrists involved had recognised the importance of sending patients from the ward to Cleveland House where they were helped considerably by the staff of occupational and art therapists.

Adult training centres are intended for mentally subnormal persons or those suffering from some form of permanent mental condition amenable to the same type of provision as for the mentally subnormal. Apart from the hostel for the mentally ill at Radcliffe expected to be ready early in 1969, no provision has been made for those recovering from more acute forms of mental breakdown, reliance being placed on mental welfare officers' supportive services during the post-treatment period of recovery and rehabilitation. An investigation in Health Division No. 16 covering the Stretford/Urmston areas revealed that there was a fairly large number of psychiatric patients living in the community in need of a period of rehabilitation following treatment or who required some form of sheltered occupation distinct from that afforded at the normal type of training centre. The main care and guidance would be the duty of the mental welfare officer advised by the consultant psychiatrist. The Health Committee gave their approval in December to the provision of day training centre services for this special group and action is now in hand to obtain suitable premises for the purpose.

Residential Accommodation.—HOSTELS.—No new hostels for mentally subnormal adults were opened during 1967, the number remaining at 14 providing 386 places, whilst the figure for junior hostels was unchanged at three with 75 places. At the end of the year there were 374 adults and 70 children in residence at these County Council hostels, with a further 54 adults and 27 children resident at the County Council's expense in other local authorities' or voluntary bodies' residential accommodation.

The research project by members of the Department of Social and Preventive Medicine at Manchester University has now been in operation for two years, and is expected to be completed by the end of 1968. The project includes a study of socialisation in residential accommodation for the mentally subnormal and an examination into the effects of community placement on individual development and performance, and family and community responses. Included also are studies into the day to day operation of hostels, together with an examination of the administrative and financial aspects.

GROUP HOMES.—The group home scheme established at Chorley to provide accommodation for four women residents from psychiatric hospitals or adult hostels whilst they re-adjust to ordinary life and find work and lodgings was brought into operation in September, 1966. At the end of 1967 there were four residents in the home, who were formerly accommodated in an adult hostel, and two of them had settled down sufficiently well to allow their former hostel places to be re-allocated to persons on the waiting list for accommodation.

Negotiations were completed by the end of the year for the appropriation of a County Council owned house at Haslingden for use as a second group home, and arrangements were in hand for the furnishing and equipping of the home.

SHORT TERM CARE.—Residential care for periods varying from two to four weeks is made available by the County Council for mentally handicapped persons living at home with parents or relatives. This is to enable parents, etc., to take a holiday or otherwise be afforded short periods of relief. The short term care is provided either by admission to County Council hostels, other suitable establishments at the expense of the County Council, or hospital. The numbers of children and adults provided with short-term care in this way during 1967 were as follows:—

				County Council hostels	Other residential homes	Hospital	Total
Children	...	...	...	49	157	172	378
Adults	...	...	...	44	82	115	241

OTHER AUTHORITIES' RESIDENTIAL ACCOMMODATION.—Approval has been given to the provision by the County Council of residential accommodation for mentally ill persons, who, after hospital treatment, require a short period of rehabilitation and support to enable them to resume normal life in the community. For this purpose a County Council hostel for the mentally ill is expected to be completed early in 1969. During the year under review St. Helens County Borough offered such places to the County Council as might be available at any given time in their new hostel of this type, which opened in the middle of the year. Three cases were admitted to the Abbey Road Hostel, St. Helens, in 1967. Similar specialised establishments for the mentally ill, as opposed to the mentally subnormal, in Blackpool County Borough and Wallasey County Borough, were used for County cases in need of short-term re-habilitative care, and a total of 33 persons were accommodated at homes operated by these two authorities in 1967.

These establishments are objectively short-term rehabilitation units for periods of up to six months and generally accommodate former hospital patients who may be in employment, or if not employed, can benefit from hostel facilities. The main criteria for admission are that persons should behave in a socially acceptable way, be employed or potentially employable, and capable of drawing benefit from the facilities available.

Registration and Inspection of Mental Nursing Homes and Residential Homes for Mentally Disordered Persons.—Part III of the Mental Health Act, 1959, provides for the registration and periodic inspection by the local authority concerned of mental nursing homes and residential homes for mentally disordered persons. Seven mental nursing homes and two residential homes were registered with the County Council at the end of the year. At the time of the inspections carried out at six monthly intervals at each of these premises all of them were found to continue to meet the requirements for registration.

Social Activities for the Mentally Disordered.—The County Council's proposals for the Mental Health Service include the provision of social clubs for the mentally handicapped, and it is the policy to encourage voluntary societies to set up and operate such clubs by allowing the use of County Council premises or alternatively paying the rental for suitable premises. In this way co-operation between the County Council and voluntary effort is fostered and encouraged. During the year one new club for the mentally subnormal at Widnes was brought into operation, whilst one club for the mentally ill at Ashton-under-Lyne closed down. This resulted in a total of 30 clubs in operation, 21 for the mentally subnormal and nine for the mentally ill, with total average attendances per week of 850 and 123 respectively.

A departure in the central administration of clubs for the mentally ill and subnormal took place in 1967 when responsibility for all matters concerning clubs of this type was transferred from the Education Committee to the Health Committee. This resolved the anomalous situation whereby membership of youth clubs registered under the Education Committee is restricted to persons under 21 years of age, whilst the bulk of membership of mental health social clubs comprises persons over 21 years.

Guardianship.—The trend in previous years towards a decrease in the number of persons under guardianship has continued, although two new admissions to guardianship by the County Council took place during the year. The total number at the end of the year, however, showed a net decrease from seven to five; four persons being under the guardianship of the County Council and one of a private individual.

Holidays.—The County Council have agreed to pay transport and staff accommodation charges for parties of trainees from junior and adult training centres going on a week's holiday and during 1967, parties from 13 training centres took holidays under these arrangements. In the case of children at junior hostels who would not otherwise have had a holiday, the Health Committee have authorised the payment by the County Council of transport and accommodation charges for both children and accompanying staff for a fortnight's holiday each year. Owing to the increased tendency to plan holidays further afield, *e.g.*, the Isle of Man, London, it was felt necessary to impose a limit on the cost of travel to be met at the County Council's expense in connection with a holiday. A limit of £2 for each trainee as the County Council's contribution was therefore imposed during the year.

General Statistics.—The following tables show the numbers of cases, by category of mental disorder, in County Council care on the 31st December of each of the last five years. The year 1966 saw the introduction of a new category of mental disorder, that of "elderly mentally infirm" defined as "persons who have become mentally infirm through old age." A detailed analysis of cases in County Council care is given in Table 26, page 174.

Mentally ill, elderly mentally infirm, and psychopathic cases

Category	1963	1964	1965	1966	1967
Mentally ill—					
Aged under 16 years	10	11	7	2	6
Aged 16 years and over	5,035	5,366	5,346	5,275	5,320
†Elderly mentally infirm	*	*	*	342	403
Psychopathic—					
Aged under 16 years	—	—	—	—	—
Aged 16 years and over	5	5	1	6	4
TOTAL	5,050	5,382	5,354	5,625	5,733

*Only available from 1966.

†Primarily the responsibility of the Welfare Service.

Subnormal and severely subnormal cases

Category	1963	1964	1965	1966	1967
Subnormal—					
Aged under 16 years	277	311	343	378	431
Aged 16 years and over	1,237	1,351	1,496	1,494	1,568
Severely subnormal—					
Aged under 16 years	707	730	845	853	894
Aged 16 years and over	814	911	1,012	1,054	1,157
TOTAL	3,035	3,303	3,696	3,779	4,050

The total number of cases under the five categories of mental disorder, 9,783, at the end of 1967 was equivalent to 4.08 per 1,000 of the estimated home population in the Administrative County area. The corresponding and constituent rate for the total of mentally ill, elderly mentally infirm and psychopathic cases was 2.39 per 1,000 of the estimated home population, whilst that for subnormal and severely subnormal cases was 1.69.

The table below shows the annual number of cases of mental subnormality (including severe subnormality) referred to the County Council from 1958 onwards:—

Year	Children under 16 years		Adults of 16 years and over		Total
1958 ...	184	...	88	...	272
1959 ...	205	...	58	...	263
1960 ...	189	...	118	...	307
1961 ...	218	...	185	...	403
1962 ...	230	...	239	...	469
1963 ...	235	...	242	...	477
1964 ...	286	...	311	...	597
1965 ...	319	...	356	...	675
1966 ...	327	...	361	...	688
1967 ...	314	...	364	...	678

This is the first year in which there has been a decline, albeit small, in the number of cases referred, mainly cases referred by the education authority.

OTHER SERVICES

Medical Examinations carried out by County Council Medical Staff.—Medical staff in the health divisions and delegate districts have the responsibility of carrying out medical examinations for a variety of County Council purposes. It is not the policy of the Council to undertake for superannuation purposes the medical examination of newly appointed staff. Candidates complete a form of medical questionnaire (Form M.E.5) and only in cases where the answers given indicate some past medical history which raises doubt as to fitness for job is a physical medical examination given.

It is to be noted, however, that in the cases of certain categories of staff, notably staffs employed in the medical, nursing, day nursery and dental services, or where the employee will be in contact with children, satisfactory medical and X-ray reports are required before the candidate can take up duty. In addition, medical examinations are carried out at the request of other local authorities throughout the country who are offering appointments to candidates resident in the County area.

The table below shows the major groups of examinations undertaken during 1967. Similar information is given by health divisions and delegate districts in Table 27, page 175.

Medical examinations undertaken in respect of—

Fitness for job—County Council employees—

*Examinations carried out as a result of scrutiny of forms M.E.5 ...	1,076
Posts requiring compulsory examination	1,294
Fitness to enter other local authority superannuation schemes	306
Fitness to enter other local authority sickness pay schemes	39
Fitness to resume work—County Council employees	125
Children in care of Children's Committee	2,696
Entry to teachers' training colleges	2,921
Entrants to teaching profession (Form 28 RQ)	580
Boothstown Remand Home	1,000
Others	245

* During the year 10,071 forms M.E.5 were scrutinised, but only in those cases where a decision could not be given solely by reference to the form was an actual physical examination carried out.

Nursing Homes.—The law relating to nursing homes is contained in sections 187-195 of the Public Health Act, 1936, the Nursing Homes Act, 1963, and the Conduct of Nursing Homes Regulations, 1963.

At the end of 1967, there were 25 registered nursing homes in the Administrative County area, all of which were inspected periodically by the divisional medical staffs.

The 25 nursing homes are situated in the following districts :—

Health Division No. 1—

Dalton-in-Furness U.D.	...	1
Grange U.D.	...	2
Ulverston U.D.	...	1
North Lonsdale R.D.	...	1

Health Division No. 2—

Lancaster M.B.	...	1
Lunesdale R.D.	...	1
Lancaster R.D.	...	1

Health Division No. 3—

Lytham St. Annes M.B.	...	3
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Health Division No. 7—

Crosby M.B.	...	2
Formby U.D.	...	1
West Lancashire R.D.	...	1

Health Division No. 10—

Golborne U.D.	...	1
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Health Division No. 11—

Turton U.D.	...	1
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Health Division No. 12—

Radcliffe M.B.	...	1
Rawtenstall M.B.	...	1

Health Division No. 13—

Heywood M.B.	...	1
Littleborough U.D.	...	2
Milnrow U.D.	...	1
Wardle U.D.	...	1

Health Division No. 16—

Urmston U.D.	...	1
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The following is a summary of the action taken with regard to the registration of nursing homes during 1967—

No. of applications for registration received during 1967	...	2
No. of applications for registration under consideration at 31st December, 1966	...	1
No. of certificates of registration issued	...	3
No. of applications withdrawn	...	nil
No. of applications refused	...	nil
No. of applications under consideration at 31st December, 1967	...	nil
No. of certificates of registration cancelled	...	1
No. of inspections carried out during 1967	...	26

Particulars of the cases admitted to and treated in the nursing homes during 1967 are given in the following statement :—

(a) Maternity cases—

(i) No. admitted	...	479
(ii) No. of confinements	...	394
(iii) No. of live births	...	390
(iv) No. of stillbirths	...	4
(v) No. of miscarriages	...	9
(vi) No. of deaths—mother	...	—
child	...	—
(vii) No. of confinements at which analgesia used	...	326

(b) Medical cases—

(i) No. admitted	...	2,215
(ii) No. of deaths	...	231

(c) Surgical cases—

(i) No. admitted	...	859
(ii) No. of operations performed	...	816
(iii) No. of deaths	...	17

Nursing Agencies.—Section 2 of the Nurses Agencies Act, 1957, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him to do so. The County Council are the licensing authority in the Administrative County, but at the end of 1967 there were no licensed agencies in the area.

Visitors from other Countries, Organisations, etc.—Many requests are received from organisations for their officers to visit the Administrative County of Lancaster to study the administration of the County health services, to make visits of observation with nursing, midwifery and health visiting and other field staff on their rounds, and to visit the various establishments.

During 1967, the County Health department officers, who spend an appreciable amount of time arranging programmes for such visitors, were pleased to welcome the following:—

March 6th/17th	...	...	Miss Severinsen, Norway.	Requested by Royal College of Nursing, London.
March 13th/April 14th	...	...	Miss S. Short, Social Science Student.	Requested by Harris College, Preston.
May 22nd/June 9th	...	...	Miss H. Burrow, Social Science Student.	Requested by Harris College, Preston.
July 24th/August 4th	...	...	Mr. J. Kinder, Social Science Student.	Requested by Harris College, Preston.
September 4th/8th	...	...	Miss Tran-Thi-Phong, Public Health Nurse, S. Vietnam.	On world tour.
September 25th/27th	...	...	Mr. G. Smeets, Secretary of Administration, Family Department, Ministry of Public Health and Family Affairs, Belgium.	Requested by the British Council.
October 5th	...	...	Mr. G. W. Rogan, Permanent Head, Department of Health, State of Victoria, Australia.	Requested by the Central Office of Information.
October 9th/13th	...	...	Miss M. Black, Deputy Nursing Officer, Falkirk.	Requested by Rathbone College, Liverpool.

WELFARE SERVICES

WELFARE OF THE AGED

Section 21 of the National Assistance Act, 1948, requires local welfare authorities to provide residential accommodation for those who are in need of care and attention which is not otherwise available to them. This obligation has been made the basis of a large and growing variety of services about which some details are given below. During the year under review policy continued to be guided by desire to diversify services as far as is practicable, so as to be able to meet individual needs rather than to force the applicant to accept a rigid and preconceived "solution" to his difficulties.

Residential Homes.—Since 1948 high priority has been given to vacating former poor law institutions and during the year the completion of Kingsfield, a 51-place purpose built home at Ashton-under-Lyne, enabled the third and final stage in the vacation of Lakeside, Ashton-under-Lyne, to be carried out. Although the total amount of accommodation available by the 31st December, 1967, had increased substantially (there were 3,471 persons accommodated in County Council homes compared with 3,327 twelve months earlier), the rate of progress was not sufficient to make any reduction in the waiting list, which rose from 1,080 to 1,171.

Tables 28 and 30, pages 176 and 180, give details of persons accommodated in County Council homes, etc., during 1967. Similar information in respect of County residents in premises managed by other local authorities and by voluntary organisations is given in Tables 29, 31 and 32.

The following six homes were completed during 1967 and by the end of the year all except Clifton House and Roseheath were in use:—

Clifton House (Lytham St. Annes)
Woodlands (Clayton-le-Moors)
Elmhurst (Whitefield)

Fell View (Longridge)
Roseheath (Halewood)
Kingsfield (Ashton-under-Lyne)

Each of these new homes accommodates 51 residents and incorporates some quite new principles of design. The aim has been to achieve a domestic scale in a comparatively large single-storey unit. Basically the homes are built up of three wings which can operate substantially as self-contained units, thereby both reducing the somewhat oppressive impact that living in a large communal home can have and increasing the possibilities for each resident of membership of a congenial group. Special attention has been given in the design of the new homes to the provision of accommodation for the staff. A three-bedroom bungalow built on to each home is provided for the warden and there is similar accommodation for the deputy warden, which can alternatively be used for three single staff.

Work commenced during the year on two more 51-place homes at Middleton and Kearsley and continued on the construction of similar homes at Crosby and Hindley.

In recent years increasing difficulty has been experienced in finding the one and a half acre sites for the 51-place homes. During the year the County Architect completed design work for a new prototype requiring a smaller site.

Day Care Service.—The success of the scheme at Laburnum House, Crompton, started in 1963 and using a purpose-built annexe to the existing welfare home, prompted the County Council to approve the expansion of the service in furtherance of their policy of assisting old people to live out their lives in their own homes and familiar surroundings as far as this is reasonably practicable. The Crompton centre provides accommodation for twelve old people daily, most of whom attend two or three times a week. Handicraft training and the usual amenities of the home are available and a midday meal and tea provided for 2s. 0d., a charge sufficient to cover the approximate cost of the food. Those requiring transport are conveyed by ambulance service vehicle.

In expanding the service the County Council accepted the principle of setting up day care services gradually at existing premises wherever room is available and the newcomers can be accommodated without the need for substantial capital expenditure. The largest single difficulty in the way of expanding the service was found to be transport and to relieve the ambulance service extensive use was made of taxis on a contract basis. At the 31st December, 1967, 34 schemes were in operation with a total daily average attendance of approximately 94.

The selection of the old people is by reference to their need for care or their relatives' need for relief, so that in the main they are people whose names are already on the waiting list for admission to a welfare home. Applicants requiring specialised care more appropriately supplied by the hospital service are not eligible.

Short Stay Scheme.—Quite frequently old people are admitted to residential homes on a temporary basis, sometimes to help them over a period of temporary difficulty and sometimes to allow them some experience of life in welfare accommodation before they finally decide whether to give up their own homes. In addition to these informal arrangements, however, twenty places at The Empress, Morecambe, and ten at The Cumberland, Fleetwood, are used for short-stay accommodation. Those admitted (generally for a fortnight) are people deemed to be in need of care (a) to restore their capacity for independent living, (b) to allow relatives a respite, (c) during the temporary absence of those who normally look after them, or (d) during their absence from an old people's home to facilitate redecoration or maintenance work.

During the year, 651 residents were admitted for short-stay periods to these two homes (429 at The Empress and 222 at The Cumberland). The average occupancy rate for the year was 26 but as usual demand was greatly in excess of the available supply during the summer months. For this reason the places were allocated to divisions on a basis of relative pensionable population.

Sheltered Housing for the Aged.—One of the most striking developments that has taken place since the war in the welfare field has been the widespread provision by local housing authorities of warden supervised accommodation for the elderly. In Lancashire a formal scheme was drawn up in 1956 after consultations with the district councils associations whereby the County Council agreed to make grants towards the cost of approved sheltered housing schemes. The purpose of the annual grant (which is fixed initially on estimated costs and is not normally expected to exceed £50 a unit) is to meet expenditure by the district council on what are broadly described as “welfare” facilities—*i.e.*, the call-bell or audible intercommunication system, any communal rooms or laundry, and the remuneration and accommodation provided for the resident part-time warden. The grant is payable in respect of each unit of accommodation occupied by a tenant approved by the appropriate divisional medical officer as being in need of the special facilities provided and is also payable during void periods.

During the year under review 18 schemes were approved for grant purposes, providing an increase of 526 units of accommodation over the previous year. This together with minor fluctuations in the number of units at six other schemes meant a net increase of 540 units for 1967. Details of individual schemes approved in 1967 are as follows:—

County district	No. of units of accommodation		Estimated annual cost of welfare facilities		Estimated annual cost per unit of accommodation		
			£		£	s.	d.
Accrington M.B.	...	*31	...	502	...	16	3 3
Clitheroe M.B....	...	*†18	...	65	...	3	12 3
Crosby M.B.	...	*28	...	611	...	21	16 5
Darwen M.B.	...	50	...	1,443	...	28	17 3
Eccles M.B.	...	43	...	1,312	...	30	10 3
Haslingden M.B.	...	24	...	686	...	28	11 8
Hindley U.D.	...	40	...	1,483	...	37	1 6
Ince-in-Makerfield U.D.	...	24	...	1,094	...	49	15 0
Irlam U.D.	...	*26	...	460	...	17	13 10
Irlam U.D.	...	44	...	1,298	...	29	10 0
Lancaster M.B.	...	*22	...	600	...	27	5 5
Oswaldtwistle U.D.	...	26	...	883	...	33	19 3
Prestwich M.B.	...	*†11	...	65	...	5	18 2
Stretford M.B.	...	34	...	1,308	...	38	9 5
Tottington U.D.	...	28	...	1,113	...	39	15 0
Chorley R.D.	...	30	...	1,461	...	48	14 0
Garstang R.D.	...	19	...	1,063	...	55	18 11
Preston R.D.	...	28	...	971	...	34	13 7

*No communal facilities provided.

†Scheme linked with home for the aged.

These approvals brought the total of approved schemes to 162 and when all become operative the 74 district councils concerned will be providing sheltered housing for 3,987 persons. They vary widely in character but all have the essential minimum requirements of a resident warden and a call-bell or “intercom” system. The warden is not employed to provide care for the tenants in the usual sense but to see that the necessary domiciliary services are brought in as required. The knowledge that such a “good neighbour” is available in case of need provides a strong sense of reassurance for many tenants who would otherwise be beset by anxieties if they were living alone, and her watchful eye can detect the early signs of neglect as well as the unforeseen emergency.

In 1963 the Health Committee approved a scheme for the admission to sheltered housing of handicapped persons below pensionable age who it was considered were in need of and would benefit from the facilities available without unduly altering the general character of the scheme. A maximum of two admissions of this type to each scheme was laid down. Thirty-four tenants in this category have been admitted, four of whom entered the schemes during the year under review.

With the object of encouraging voluntary housing societies to provide sheltered housing facilities—*i.e.*, a warden system and warden’s supervision—at their homes, the County Council in 1965 approved a scheme whereby £10 a year is paid in respect of each approved resident. Grant is subject to the following conditions being met by the housing society and is made under section 119 of the Housing Act, 1957:—

- The grants to be made to voluntary bodies who are registered Housing Associations, subject to the Health Committee being satisfied with the voluntary body’s constitution.
- Existing schemes shall be eligible for consideration, but the prior approval of the County Health Committee shall be obtained to all future schemes.
- The minimum requirements shall be the provision of a resident warden and call-bell system.
- The grants payable in respect of approved schemes shall be £10 a year in respect of each tenant agreed by the divisional medical officer. The voluntary body shall be eligible for payment of this grant in respect of a period of vacancy if the previous tenant and the subsequent tenant are ones agreed by the divisional medical officer.
- Grant shall only be payable in respect of new schemes if the accommodation has been approved by the Ministry of Housing and Local Government for the purpose of either improvement grant or hostel grant, as the case may be.

During the year three voluntary housing schemes were approved providing 21 units of accommodation. A total of 15 schemes providing 180 units were approved by the end of the year.

Following receipt of an application for grant by a voluntary housing society operating outside the Administrative County area, it was decided that it would be preferable on balance for payment of grant to be made to housing societies operating within the County area only, irrespective of the area from which the resident was admitted.

The scheme can only be described as an unqualified success, both in the extent to which it has encouraged district councils to embark upon such projects and in the degree to which the desirable results that were expected to flow from these initiatives have already been realised in practice. Two County-wide surveys have indicated that despite the fact that the applicants are selected for this accommodation as "at risk" cases, very few of them deteriorate in sheltered housing to a level that necessitates their transfer to a welfare home. Experiments in still further narrowing the gap between housing and welfare accommodation are in hand, in that about a dozen schemes are in operation or are at various stages of planning which involve the provision of 24-hour supervision of housing by the staff of an adjacent welfare home. This principle has been very successful at the following homes since the first scheme of this type at The Limes/The Hollies (Swinton) became operational in 1964:—

Beaumont View, Lancaster; Charnley Fold, Walton-le-Dale; Garswood House, Ashton-in-Makerfield; Brynheys, Worsley; Birchfold, Worsley; Hurst Hall, Ashton-under-Lyne; Castleford, Clitheroe; Dolphinlee House, Lancaster; Redcliffe, Prestwich.

Brierfields, Failsworth and Sefton House, Burscough will also eventually have sheltered housing units linked to them by call bells/intercommunication systems.

Care of the Aged in their Own Homes.—The objects of the County Council's scheme to promote the care of old people in their own homes are to encourage and assist old people to continue to live in their own homes as long as possible by the use of all available statutory and voluntary services and also to co-ordinate such services as well as to encourage and foster voluntary activity on behalf of the aged.

To achieve these objects the scheme provides for the establishment by divisional health committees of welfare sub-committees. Each sub-committee is fully representative and includes members from each district council, voluntary district old people's welfare committee, hospital management committee and local medical committee within the divisional area. Officers of the Ministry of Social Security also serve in an advisory capacity together with geriatricians where such appointments have been made. Provision is also made for the appointment by health divisions of a divisional welfare organiser whose duties are to ensure on behalf of the divisional medical officer that the objects of the scheme are achieved.

Efforts have been made to establish in each County district and in each parish of a rural district a voluntary old people's welfare committee. Whilst the divisional medical officer is the co-ordinating link between the divisional welfare sub-committee and the voluntary committees, the usual practice is for the divisional welfare organiser to serve on the voluntary committees. Other divisional officers, such as nurses and health visitors, providing statutory services for the aged are also co-opted on the voluntary committees.

The needs of those requiring assistance are categorised and kept under review, frequently by follow-up visits by voluntary and divisional field workers. As a result the demand for statutory services such as the provision of district nurses, home helps, health visitors, social security benefits and allowances, etc., has greatly increased and the following voluntary services are also being provided—meals on wheels, clubs, shopping, collecting pensions, changing library books, visiting, transport, provision of clothing and Christmas gifts.

There is very full co-operation between the County Council and the Community Council of Lancashire whose full-time field officer works closely with officers of the County Council in connection with the care of the aged and in the establishment of local old people's welfare committees. A grant of £1,750 was paid to the Community Council for the financial year ended 31st March, 1968.

The National Assistance Act, 1948 (Amendment) Act, 1962.—The effect of this Act, which came into operation in May, 1962, was to amend section 31 of the principal act and extend the existing powers of local authorities (within a County the County Council and the County District Councils) relating to the provision of recreation or meals for old people. Previously limited to making contributions to the funds of any voluntary organisation providing such services, local authorities may now make available further assistance in the form of premises, staff, furniture, vehicles, etc., and are authorised to provide meals and recreation for old people, either directly or through the agency of voluntary organisations.

The County Council policy had hitherto been to assist voluntary organisations at County level, grants to old people's clubs and meals services being dealt with by the County Districts and understood to amount to approximately £25,000 a year.

During 1964 the County Council and the County District Council Associations formulated a common policy for the exercise of their new concurrent powers and in doing so agreed that it would be undesirable to upset the work at present being generally well undertaken by voluntary bodies in providing meals and recreational facilities for old people. Under the scheme, which was welcomed by a conference of the County Council, County District Council Associations and the major voluntary bodies (the British Red Cross Society, the Lancashire Community Council, County Old People's Welfare Committee and the Women's Royal Voluntary Services), the County District Councils have the primary responsibility for expanding the services and for sponsoring and encouraging voluntary effort.

Applications from voluntary bodies are dealt with by the County District Councils, and the County Council have agreed to an equal partnership with the County Districts on the cost of assistance from public funds. The initial limit from the County Council to a County District is 4s. per head of pensionable population on an equal partnership and when this is matched by the County Districts there is available a total of about £130,000 a year.

The new arrangements for joint financial responsibility and the expansion of the existing services came into operation on the 1st April, 1965, and the following information shows the extent of the various services available at the end of 1967.

Meals on Wheels Services—

Number of County Districts operating schemes	...	...	...	101
Meals served weekly	...	...	...	9,168
Number of persons participating	...	...	...	4,772

Luncheon Clubs—

Number of County Districts operating clubs	...	...	...	58
Number of clubs	...	...	...	99
Total membership	...	...	...	4,146

Old People's Clubs—

Number of County Districts operating clubs—				
Part-time	...	...	...	92
Full-time	...	...	...	37

Number of clubs in operation—

Part-time	...	...	...	383
Full-time	...	...	...	52

Membership—

Part-time	...	...	...	36,807
Full-time	...	...	...	10,265

Temporary Protection of Property.—Where a person is admitted to any hospital or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any other place under an order made under section 47 of the Act, (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions), such person may not always have made arrangements for the disposal or safekeeping of his property. If it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This duty is imposed by section 48 of the National Assistance Act, 1948, but the Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made. Arrangements have been made for hospital management committees to co-operate by notifying divisional medical officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made.

Apart from the cases mentioned, there arises also the problem of safeguarding the property of those patients who are incapable of managing their own affairs because of mental incapacity. Jurisdiction in these matters is exercised through the Court of Protection, Royal Courts of Justice, to whom it is necessary to make application for orders appointing receivers to manage and administer a patient's estate or give such other directions as may be appropriate and necessary. Section 49 of the National Assistance Act, 1948, authorises the defraying of expenses in connection with applications made by an officer of the County Council.

Where there are no relatives able or willing to act on behalf of the patient, applications are made centrally and require much care in preparation and presentation as well as in acting upon the Court's directions.

Not infrequently the department is called upon to deal with the estates of former residents in homes or persons whose property has been protected under section 48 of the National Assistance Act when these die leaving no known next-of-kin, and this involves the preparation of a detailed report to the solicitor for the Duchy of Lancaster.

WELFARE OF THE HOMELESS

Accommodation for Homeless Families.—The policy of the County Council concerning families falling within the scope of section 21 (1) (b) is to maintain and preserve the family as a unit, primarily in the interests of the children but also to improve the prospects of ultimate rehousing and to facilitate such rehabilitative work as may be possible or appropriate whilst the family are in County Council accommodation.

Two properties are in use as special family unit accommodation, *viz.*, The Hollins, Farnworth, providing for 21 families, and 31 Ashburton Road, Trafford Park, housing six families. The premises are designed to provide separate quarters for each family, comprising living room, kitchen and bedrooms with separate bathroom and indoor and outdoor toilets. Electricity is supplied as part of the service and constant hot water is available but gas for cooking purposes is obtained by the families by prepayment slot meters.

Mothers are required to clothe and feed their families and to maintain their quarters in a clean and reasonable condition. The supervisors give such domestic training advice and help as conditions require whilst a social worker deals with personal problems primarily to secure rehousing of the families as quickly as possible.

In order to ease the pressure for accommodation and at the same time provide temporary housing for families where close supervision is not considered necessary, it has been possible to arrange temporary leases on properties purchased by the Lancashire County Council for purposes such as future road works, etc. These properties are all due for demolition at the end of a given period and in December, 1967, 18 properties were being used as individual units of temporary accommodation.

A comparative statement of the families in temporary accommodation at the end of 1966 and 1967 is given below.

Premises				December, 1966		December, 1967		
				No. of families	Total persons	No. of families	Parents	Children	Total persons
The Hollins, Farnworth	...	18	129	...	20	32	84	116
31 Ashburton Road, Trafford Park		6	27	...	6	6	20	26
Individual units ...	...	14	78	...	18	33	72	105
Total		38	234	...	44	71	176	247

During the year 114 families were admitted and 108 families were discharged. The following analysis gives details of those discharged from temporary accommodation:—

<i>Period in County Council accommodation—</i>								No. of families
Less than four weeks	...	...	...	...	...	...	...	71
One to three months	...	...	...	...	...	...	...	20
Three to six months	...	...	...	...	...	...	...	10
Six to 12 months	...	...	...	...	...	...	...	4
Over 12 months	...	...	...	...	...	...	...	3
<i>Reason for discharge—</i>								
Obtained tenancy of Council house	...	...	...	...	...	...	...	2
Obtained private accommodation	...	...	...	...	...	...	...	59
Placed in "intermediate" accommodation	...	...	...	...	...	...	...	8
Returned to husband or other relative	...	...	...	...	...	...	...	19
Took own discharge—address unknown	...	...	...	...	...	...	...	18
Obtained resident post	...	...	...	...	...	...	...	1
Unsuitable for temporary accommodation	...	...	...	...	...	...	...	1

Intermediate Housing.—In 1956 the County Council approved a scheme for dealing with the problems of homelessness in co-operation with district councils as housing authorities. The scheme provided for the County Council to indemnify district councils against certain financial losses incurred in respect of intermediate houses made available for the accommodation of homeless families. During 1967 discussions were held between the County Council and the three Lancashire Associations of County District Councils resulting in the Associations agreeing to recommend to their member authorities that each should offer at least one house over the next few years as intermediate accommodation for the homeless. For their part the County Council agreed that in future a grant would be paid to cover any rent losses on such houses. This has already led to a substantial increase in the number of intermediate houses available, the total provision by the year-end being as follows:—

Authority	No. of houses	Authority	No. of houses
Barrowford U.D.C....	1	Radeliffe M.B.C. ...	3
Dalton-in-Furness U.D.C.	2	Rawtenstall M.B.C. ...	2
Darwen M.B.C. ...	3	Stretford M.B.C. ...	1
Eccles M.B.C. ...	5	Swinton & Pendlebury M.B.C.	2
Great Harwood U.D.C. ...	1	Upholland U.D.C. ...	1
Haslingden M.B.C. ...	1	Whitefield U.D.C. ...	1
Haydock U.D.C. ...	1	Widnes M.B.C. ...	2
Heywood M.B.C. ...	1	Worsley U.D.C. ...	1
Horwich U.D.C. ...	1	Walton-le-Dale U.D.C. ...	1
Kirkby U.D.C. ...	3	Blackburn R.D.C. ...	2
Leyland U.D.C. ...	2	Preston R.D.C. ...	1
Newton-le-Willows U.D.C.	3	Whiston R.D.C. ...	1

Additional Measures taken to reduce Homelessness.—In the discussions with the District Councils Associations to which reference has been made above, agreement was also reached on the inception of an “early-warning” system which would entail the housing authority notifying the appropriate officer of the County Council of any family residing in a municipal house against whom the district council contemplated eviction proceedings. The intention is to enable the County Council’s social workers to investigate and make recommendations to the housing authority. Where children are involved the County Council can guarantee the district council against further rent losses whilst attempts are made to work with the family if a decision to seek possession is postponed at the request of the social worker.

The district councils have also been asked to accept responsibility for rehousing those homeless families who have some residential claims to be re-settled in a particular district and other families (normally from temporary accommodation) by agreement in the light of the family’s wishes and the availability of employment and schools.

WELFARE OF HANDICAPPED PERSONS

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, or who are substantially or permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister of Health. Arrangements are made by the County Council in accordance with schemes approved by the Minister.

Blind Persons.—REGISTRATION OF BLINDNESS.—Applicants for registration are examined on behalf of the County Council by consultant ophthalmologists or registered medical practitioners with special experience in ophthalmology.

During the year 1967, 1,168 examinations or re-examinations took place. A total of 351 persons were certified as blind on initial examination and 120 on re-examination.

The following statement analyses the sources from which applicants for registration were referred to the County Council during 1967:—

(a)	General practitioner	...	...	...	...	...	29
(b)	Medical source other than general practitioner	...	...	...	...	...	196
(c)	Ministry of Social Security	...	...	...	...	...	127
(d)	Lay source other than Ministry of Social Security	...	...	...	...	...	369
TOTAL							721

At the end of 1967 there were 4,496 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For comparison, figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	50—	65—	
1966 ...	20	94	56	513	836	2,986	4,505
1967 ...	16	92	63	510	809	3,006	4,496

REHABILITATION OF THE NEWLY BLIND.—The Royal National Institute for the Blind offers courses at the Queen Elizabeth Homes of Recovery at Torquay to newly blind persons who require rehabilitation before being trained to re-enter employment. Arrangements for the attendance of suitable persons are made by the Ministry of Labour.

There are many others, elderly people and housewives, who need help and guidance in adjusting themselves to their new condition of blindness. Social welfare officers of the blind do much to help them but their ability to do so is inevitably restricted because of the large number of blind persons within the care of each.

To meet this need the Royal National Institute for the Blind provides a special residential home of recovery at Oldbury Grange, Bridgnorth, Shropshire, where people are helped to become active and independent. A course of training for day-to-day living is usually of about three months' duration.

Where the full cost of the social rehabilitation course cannot be met by the persons concerned the County Council grant financial assistance in accordance with a scale used for various services provided for handicapped persons. During 1967 assistance was given in two such cases.

EMPLOYMENT.—As from 1st October, 1963, the Minister of Labour has been responsible for the placing of blind persons in employment. Although the County Council have no direct responsibility in this sphere it is nevertheless relevant to their welfare responsibilities to note that blind persons resident in Lancashire were at the end of the year engaged in occupations (other than in sheltered employment, details of which are given on page 108) as shown in the following table:—

Ministry of Health Classification	Occupation	No.	Ministry of Health Classification	Occupation	No.
I 1	Masseurs and physiotherapists ...	4	IV 3	Animal husbandry (including poultry keeping) ...	4
I 2	Lecturers, teachers, instructors (including craft instructors) ...	1	V 1	Machine tool operators ...	48
I 3	Clergy and members of religious orders ...	5	V 2	Fitters and assemblers ...	22
I 4	Barristers, solicitors and related workers ...	3	V 3	Viewers, inspectors, testers ...	7
I 5	Musicians (including music teachers) ...	3	V 4	Boxers, fillers, packers ...	7
I 6	Social, welfare and related workers (including placement officers) ...	5	V 5	Warehousemen, storekeepers and assistants ...	3
I 7	Proprietors, managers and executive workers in industry and commerce ...	—	V 6	Carpenters and joiners ...	2
I 8	Other workers in Group I (not elsewhere classified) ...	—	V 7	Knitters (hand and machine), weavers, netting makers ...	—
II 1	Typists, shorthand typists, secretaries ...	20	V 8	Upholsterers, machinists (bedding, etc.), mattress makers ...	—
II 2	Braille copyists and proof readers ...	3	V 9	Basket makers ...	5
II 3	Clerical workers ...	2	V 10	Mat makers ...	—
II 4	Telephone operators ...	23	V 11	Chair seaters ...	—
III 1	Working proprietors, shop managers ...	4	V 12	Brush makers ...	—
III 2	Shop assistants, salesmen ...	2	V 13	Wireworkers ...	1
III 3	Street vendors, newsvendors, hawkers ...	1	V 14	Boot and shoe repairers ...	—
III 4	Sales representatives, agents, collectors, commercial travellers ...	2	V 15	Piano tuners ...	3
IV 1	Farmers, farm managers, market gardeners, farm workers ...	5	V 16	Firewood workers ...	—
IV 2	Gardeners, groundsmen ...	2	V 17	Craftsmen and production process workers (not elsewhere classified) ...	6
			V 18	Labourers (not elsewhere classified) ...	32
			VI 1	Domestic/canteen workers, cleaners, caretakers, porters ...	11
			VI 2	Launderers, dry cleaners ...	1
			VI 3	Miscellaneous workers (not elsewhere classified) ...	29
					<hr/> 266

SOCIAL WELFARE OFFICERS OF THE BLIND.—The social work services for the blind in the greater part of the Administrative County area are carried out by voluntary societies for blind welfare acting as agents for the County Council. The social welfare officers of the blind in the areas concerned are employed by the County Council but are seconded to the societies.

In July, 1967, the Health Committee agreed that the work of the social welfare officers of the blind be administered on a divisional basis. This would benefit the social welfare officers by bringing them in closer contact with the general welfare services for the handicapped. They will still assist voluntary societies as they have done previously, particularly in the running of handicraft social centres for the blind.

Discussions with the voluntary societies were in progress at the end of the year.

On the 31st December, 1967, the establishment of social welfare officers of the blind was 47. Their main duties were:—

- (i) discovery of blind persons and ascertainment of their needs;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
- (iii) teaching blind persons wherever practicable to read embossed literature;
- (iv) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
- (v) generally assisting in promoting the welfare of blind persons;
- (vi) advising blind persons of all available social services, including entitlement to social security benefits and allowances or financial assistance from other sources;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness;
- (viii) organising social centres and classes;
- (ix) care of the pre-school child and school child on holiday.

SOCIAL AND HANDICRAFT CENTRES.—At the end of 1967 there were 56 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were provided.

The following list shows the districts in which the social and handicraft centres were situated:—

Accrington	Failsworth	Ormskirk
Adlington	Farnworth	Orrell
Ashton-under-Lyne	Fleetwood	Padiham
Ashton-in-Makerfield	Fulwood	Prestwich
Atherton	Golborne	Radcliffe
Bacup	Halewood (Whiston R.D.)	Rishton
*Barrow-in-Furness	Heywood	*Rochdale
*Blackpool (2)	Hindley	Standish
Brierfield	Horwich	*St. Helens
*Burnley	Huyton	Stretford
Chadderton	Kirkby	Swinton and Pendlebury
Chorley	Lancaster	Thornton Cleveleys
Colne	Leigh	Ulverston
Crompton	Litherland	Walton-le-Dale
Crosby	Lytham St. Annes	Westhoughton
Darwen	Middleton	Widnes
Denton	Morecambe	*Wigan
Eccles	Mossley	Worsley
	Nelson	

*Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

TALKING BOOKS FOR BLIND PERSONS.—The British Talking Book Service for the Blind is organised by the Royal National Institute for the Blind in co-operation with St. Dunstan's. Originally library members used disc machines, but in May, 1964, the Library Committee decided not to issue any more machines of this type nor sanction their transfer to new users. Thus eventually all library members will use tape machines, which remain the property of the library and are only available on rental.

At the end of the year machines as under were in use by County residents:—

							Blind	Partially sighted
<i>Disc type—</i>								
Owned by user	...	...	...	...	...	...	3	—
Loaned to user by:—								
Agencies for the Blind			...	...	...	...	3	—
County Council	...	...	...	...	...	...	14	—
Other bodies, e.g. Rotary, Inner Wheel, Round Table, etc.							5	—
<i>Tape type—</i>								
Rental paid by:—								
User	...	...	...	...	...	...	19	2
Agencies for the Blind			...	...	...	...	632	37
Other bodies, e.g. Rotary, Inner Wheel, Round Table, etc.							33	—

Since April, 1966, the County Council have on request paid the rental for all County users of tape machines. As cassettes containing the tape recordings may be sent by post free of charge, a completely free service is provided for library members.

HOLIDAYS FOR BLIND AND PARTIALLY SIGHTED PERSONS.—The scheme of the County Council for the welfare of blind and partially sighted persons provides that the Council shall promote facilities for holidays.

In addition to group holiday arrangements made by various local blind societies, the Council assisted individual blind people to have a holiday. Financial assistance was granted by the Council in 122 cases and details of these are set out below:—

Holiday Accommodation	Number of persons
Henderson Holiday Home, Blackpool	28
Princess Alexandra Home, Blackpool	10
Godfrey Ermen Home, Southport	22
*North Regional Association for the Blind Group	
Holidays at Scarborough	27
North Regional Association for the Blind Homes	1
Royal National Institute for the Blind Homes ...	5
Manchester Jewish Home, Southport	3
Group holidays arranged by local Blind Societies	23
Private Booking	3
Total	122

* Includes eight deaf/blind: in these cases the Council also granted financial assistance to sighted guides.

The County Council also assisted blind people and their guides to travel to holiday addresses by providing ambulance service transport, railway warrants, bus fares or hired coaches.

WIRELESS TELEGRAPHY ACTS, 1949 AND 1955.—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate, issued by or under the authority of the Council of the County or of the County Borough in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough, may receive a wireless licence without the payment of any fee or purchase a combined licence for sound and television for 25/- less than the usual fee.

Applications for certificates of blindness for blind persons living in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmologists acting on behalf of the County Council, the certificate is issued.

During the year 533 certificates were issued.

CERTIFICATES OF BLINDNESS FOR THE MINISTRY OF SOCIAL SECURITY.—To enable blind persons to receive the higher rate of benefit payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, certificates of blindness in respect of the majority of the 471 persons who were registered as blind during the year 1967 were forwarded to the Ministry of Social Security.

Partially Sighted Persons.—For the purposes of the County Council's scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. A register of partially sighted persons resident in the Administrative County area is maintained and services and facilities provided for the blind or general classes of the handicapped, as appropriate, are made available to them.

At the end of 1967 there were 1,894 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups. For comparison, the figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	50—	65—	
1966	11	134	55	195	237	1,196	1,828
1967	9	128	65	213	243	1,236	1,894

Deaf or Dumb Persons.—Local Societies for the Deaf act as agents of the County Council for the provision of welfare services in accordance with the Council's scheme and provision is made for minority representation of the Council on the committees of the various societies. Qualified welfare officers employed by the societies assist deaf people in many ways—by visiting, acting as interpreters, in obtaining employment, etc. In addition, they supervise institutes which cater for the religious, recreational and welfare needs of deaf and dumb people.

The County Council make a grant to each society based on the number of deaf persons over 16 years of age resident in the County area supervised by the society.

The following statement shows the Societies for the Deaf which received payments from the County Council for 1967 and the number of deaf persons living in the Administrative County area who were supervised by these societies:—

Deaf Society	No. of deaf persons aged 16 years and over
Blackpool and Fylde	42
Bolton, Leigh and District	123
Bury and District	15
Carlisle (Barrow) Diocesan Mission	12
Liverpool Adult Deaf and Dumb Society	127
Liverpool Catholic Deaf Society of St. Vincent de Paul	62*
Manchester Institute for the Deaf	195
North and East Lancashire Welfare Association	243
Oldham	56
Rochdale and District	51
Salford and District Association	75†
Southport and District	20
St. Helens and District	25
Warrington, Widnes and District	53
Wigan and District	76
Total	1,038

* Included in the 127 supervised by the Liverpool Adult Deaf and Dumb Society.

† Included in the 195 supervised by the Manchester Institute for the Deaf.

The amount paid to the North Regional Association for the Deaf for the financial year 1967-68 was £946 8s. 0d.

Handicapped Persons other than the Blind, Partially Sighted, Deaf and Dumb.—REGISTER.—There were more names on the County Council's register of handicapped persons at the end of the year than on the 31st December, 1966—6,617 as compared with 6,482. Details of those registered on the 31st December, 1967, classified in accordance with the Ministry of Labour's code for disabled persons, are as follows:—

Code	Classification of handicap	Sex	Age in years					Total (all ages)
			0—	16—	30—	50—	65—	
A/E	Amputation	M.	2	7	59	112	152	332
		F.	2	6	22	45	76	151
F	Arthritis and rheumatism	M.	2	3	29	129	99	262
		F.	2	14	85	423	451	975
G	Congenital malformations and deformities	M.	57	34	28	24	15	158
		F.	47	42	32	37	23	181
H/L	Diseases of digestive and genito-urinary systems, of heart or circulatory system, of respiratory system (other than tuberculosis) and of skin.	M.	25	23	49	228	105	430
		F.	36	22	83	210	101	452
Q/T	Injuries of head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of upper and lower limbs and of spine.	M.	9	50	88	131	74	352
		F.	15	35	75	121	87	333
V	Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	M.	80	145	276	463	156	1,120
		F.	51	128	343	524	173	1,219
U/W	Neurosis, psychoses and other nervous and mental disorders not included in V.	M.	10	11	34	22	9	86
		F.	11	20	38	38	16	123
X	Tuberculosis (respiratory)	M.	5	—	18	20	10	53
		F.	—	4	14	11	2	31
Y	Tuberculosis (non-respiratory)	M.	1	—	7	7	4	19
		F.	—	2	14	12	6	34
Z	Diseases and injuries not specified above	M.	27	17	34	54	19	151
		F.	6	15	29	75	30	155
	TOTAL	M.	218	290	622	1,190	643	2,963
F.		170	288	735	1,496	965	3,654	

OCCUPATIONAL THERAPY.—Occupational therapists and handicraft instructors employed by the County Council attended handicapped persons in their own homes and gave instruction at social centres. In some divisions they taught handicrafts to residents of County Council Part III establishments. A full-time occupational therapist or handicraft teacher is employed in fourteen divisions, whilst part-time staff are employed in the remaining three divisions. One of the delegate authorities has a full-time occupational therapist. In some of the larger divisions two or more full-time or part-time officers are employed.

In 1967, 11,792 domiciliary visits were made to 1,851 persons as compared with 12,784 visits to 1,383 persons in 1966. Handicraft classes were held in some districts under the Further Education Regulations, teaching staff being employed by the Education Committee. The number of persons attending classes, including those held at social centres, was 1,249. The comparable figure for 1966 was 1,138.

SOCIAL CENTRES.—County Council social centres have now been set up in all of the 17 health divisions and also in three of the four delegate districts. At the end of the year there were 39 in operation with a total active membership of 1,664. Voluntary organisations such as the Inskip League of Friendship, the Cripples' Help Society and the Invalid Tricycle Association also run social centres for the handicapped in some areas. Financial assistance was given to various local branches of these organisations.

OCCUPATIONAL CENTRES.—Two centres were in operation at the end of the year—at Caton, where 10 men, attending daily, worked under the supervision of a qualified wood machinist and at Leyland where there was a part-time supervisor and 27 men and women attended on four days per week.

SOCIAL WORKERS.—Bearing in mind the recommendations of the Younghusband Committee, the County Council decided to employ a social worker in every division except Health Division No. 1 where it was considered more appropriate to employ a welfare assistant.

The social workers on the staff are employed to provide services for the aged and the physically handicapped, and their duties include the maintenance of waiting lists for County Council residential accommodation. To carry out the necessary re-organisation of social welfare work it was obvious that the duties of divisional welfare organisers would have to be modified. Initially they had been appointed to encourage voluntary effort for the aged, as well as to co-ordinate the services provided by the County Council and voluntary organisations, and as such they were primarily administrative officers whose duties included some social welfare work. Following this re-appraisal the divisional welfare organiser is now employed as a senior social worker with some administrative duties.

By the end of the year the County Council were employing 17 divisional welfare organisers as senior social workers, 28 whole-time and one part-time social welfare officers, 28 trainee social welfare officers and 13 whole-time and one part-time welfare assistants. Included in these figures are officers who during the year were sent on two-year and one-year training courses in social welfare work, three on the former and two on the latter.

RESIDENTIAL ACCOMMODATION.—*Lakeland View Home for the Physically Handicapped, Fleetwood.*—This 50-place specialised home for the handicapped has 38 permanent and 12 temporary places. The permanent accommodation was fully occupied throughout the year and there continued to be heavy demand on the temporary places for both short-stay in winter and holidays during the summer months.

It is proposed to build other homes for the handicapped during the next few years in Crosby and Swinton and a site for the latter has been acquired.

On the 31st December, 1967 the County Council were maintaining 176 epileptics in colonies and homes and 92 handicapped persons in homes run by voluntary organisations. In addition, 848 handicapped persons were maintained in the County Council's welfare homes or homes managed by other welfare authorities. By far the largest proportion of these persons had handicaps associated with old age, but six men and six women between the ages of 16 and 30 years, and 15 men and 27 women between the ages of 30 and 50 years, were living in welfare homes provided by the County Council.

HOLIDAYS.—Arrangements were made for 520 handicapped persons to have a holiday during the year, either two weeks at a convalescent home or at Lakeland View, Fleetwood, or one week at a holiday camp. Details are as follows:—

					No. of handicapped persons
Convalescent homes	...	...	...	...	66
Prestatyn Holiday Camp	...	...	...	...	218
Other holiday camps	...	...	...	...	73
Lakeland View, Fleetwood	...	...	...	...	163
				Total	520

Handicapped persons staying at holiday camps were conveyed by motor coach except for a small number who preferred to travel in their own motor invalid tricycles. Others staying in Lakeland View and convalescent homes were conveyed by ambulance transport (219 cases) or were able to use public transport.

TRANSPORT.—*General.*—In addition to the transport mentioned in the preceding paragraph, arrangements were made to convey severely handicapped persons to weekly meetings at social and/or handicraft centres. During the year 222 persons were regularly conveyed by ambulance service vehicles, 488 by private hire transport and 427 by the specialised vehicles now in use in Health Division Nos. 2, 3, 4, 9, 11, 12, 14 and 17.

There is no doubt that the provision of suitable transport is a vital need in the establishment and operation of satisfactory services for all types of handicapped persons and it can be assumed that expenditure will continue to rise as the County Council's services for the handicapped develop and expand. There is a particular need for specialised vehicles in more health divisions and eight are now operating in various parts of the County.

CAR PARKING BADGES.—On a recommendation of his Advisory Committee on Health and Welfare Services the Minister of Health, in 1961, asked local welfare authorities to issue badges to identify the vehicles of handicapped drivers whose disability allowed only limited mobility. Each local authority was left to make its own arrangements for the issue of badges. The scheme was subsequently reviewed by the Ministry who recommended no changes in its operation but clarified the categories of handicapped persons eligible to receive badges, viz:—

1. Those with invalid carriages supplied by the Ministry of Health.
2. Those with defects of locomotion who need specially adapted vehicles.
3. Those who as a result of amputations or with heart and chest conditions have really severe difficulty in walking or who have a defect of the spine or central nervous system which makes control of the lower limbs difficult.

The County Council are issuing these badges in appropriate cases, and by the end of the year they had been supplied to 783 handicapped persons. The number of badges issued or renewed during the year was 315. The badges are valid for a period of three years from date of issue.

ADAPTATIONS AT THE HOMES OF HANDICAPPED PERSONS.—Assistance was given to 89 handicapped persons in connection with adaptations needed at their homes to enable the Ministry of Health to supply an invalid vehicle and storage shed. In addition, 232 persons were assisted with alterations designed to afford them greater comfort or convenience. The cost to the County Council was £10,326.

AIDS, GADGETS AND EQUIPMENT.—Small items costing £5 or less are provided free. Equipment costing more than £5, such as lifting hoists, page turners, etc., are supplied on loan and can be withdrawn and re-issued when no longer needed by the handicapped person.

CHARGES FOR SERVICES PROVIDED FOR HANDICAPPED PERSONS.—With a few exceptions adaptations are now carried out at the homes of handicapped persons free of charge and items of equipment, *e.g.*, lifting devices and aids to daily activities are issued free or on loan. Those persons helped under the assisted holiday scheme are assessed to contribute in accordance with their means.

EPILEPTICS AND SPASTICS.—The following statement shows the number of persons ordinarily resident in the Administrative County who are known to be suffering from epilepsy or cerebral palsy:—

				Age (years)		Total
				0—	16—	
<i>Epileptics</i> —						
At home or in special schools	...	...	...	237	383	620
In epileptic colonies	...	...	...	—	176	176
In other Part III accommodation	...	...	...	—	27	27
Total				237	586	823
<i>Spastic</i> —						
At home or in special schools	...	...	...	323	352	675
In homes run by voluntary organisations	...	...	...	—	14	14
In other Part III accommodation	...	...	...	—	20	20
Total				323	386	709

The services provided for epileptics and spastics and the liaison between the local health services and the diagnostic and remedial services provided by regional hospital boards continued unchanged throughout the year.

Provision of Sheltered Employment for Blind, Partially Sighted and Severely Disabled Sighted Persons.—A scheme approved by the Minister of Labour, for the provision of sheltered employment for blind, partially sighted and severely disabled sighted persons came into operation on the 10th January, 1966.

Details are given below in regard to the sheltered employment of seriously disabled persons in accordance with the scheme.

BLIND AND PARTIALLY SIGHTED.—At the end of 1967 the following 14 workshops employed a total of 128 blind and partially sighted persons under arrangements with the County Council:—

Controlling Body	Address of Workshop for the Blind
Blackburn County Borough Council	Mill Hill Street, Mill Hill, Blackburn.
Blackpool and Fylde Society for the Blind ...	Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council	Marsden Road, Bolton.
Burnley County Borough Council	Brunswick Street, Todmorden Road, Burnley.
Fulwood (Preston) Institute for Blind Welfare ...	Lytham Road, Fulwood, near Preston.
Leeds County Borough Council	Roundhay Road, Leeds.
Liverpool Workshops for the Blind	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Institute	Brunswick Road, Liverpool.
Oldham Workshops for the Blind Management Committee	New Radcliffe Street, Oldham.
St. Helens County Borough Council	Boundary Road, St. Helens.
S.E.L.N.E.C. (Local Authority) Sheltered Work- shop Committee	Old Trafford, Manchester, 16.
Stockport County Borough Council	St. Petersgate, Stockport.
Warrington County Borough Council	Richmond Avenue, Warrington.
Wigan, Leigh and District Society for the Blind	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below :—

Occupation	Men	Women	Total
Brush maker	37	3	40
Skip and basket maker	34	1	35
Machine knitter	—	16	16
Mat maker	13	—	13
Mattress maker	2	—	2
Assembly worker	1	1	2
Chair caner	1	1	2
Furniture maker	2	—	2
Piano tuner	2	—	2
Seamstress	—	2	2
Other	8	1	9
Undergoing re-training	3	—	3
TOTAL ...	103	25	128

Remuneration.—During the year the National Joint Council of Workshops for the Blind agreed upon a new national wages structure for employees in workshops for the blind, effective from the 3rd July, 1967. The revised conditions provide for higher rates of pay and for the termination of the former system based on “earnings” and “augmentation”; all payments to workshop employees are treated as wages. The County Council’s payment to workshops in respect of their trading losses now includes a contribution towards employees’ wages. In addition to the standard rate an employee may receive a service supplement and/or production bonus.

All the blind persons employed at workshops for the blind are registered under the Disabled Persons (Employment) Acts, 1944 and 1958, and are approved as blind workers by the Ministry of Labour.

HOME WORKERS SCHEME.—The County Council operate a home workers scheme in accordance with the recommendations of the Local Authorities Advisory Committee. This lays down minimum net weekly earnings for different occupations which must be attained before a blind person is eligible for admission to the scheme. Augmentation is also paid by the County Council to home workers. On earnings up to and including £3 0s. 0d. per week an additional £7 5s. 0d. per week is paid to men and £6 10s. 6d. per week to women. For earnings over £3. 0s. 0d. per week a reduced amount of augmentation is paid in accordance with a sliding scale.

All home workers are registered under the Disabled Persons (Employment) Acts, 1944 and 1958, and approved by the Ministry of Labour.

The following agencies for the blind supervise on behalf of the County Council the blind persons included in the home workers’ scheme:—

Accrington and District Institution for the Blind.
 Ashton-under-Lyne and District Society for the Blind.
 Burnley and District Society for the Blind.
 Colne and District Society for the Blind.
 Fulwood (Preston) Institute for Blind Welfare.
 Liverpool Cornwallis Street Workshops for the Blind.
 National Library for the Blind (Northern Branch).
 Rochdale and District Blind Welfare Society.
 Wigan, Leigh and District Society for the Blind.

The occupations of the home workers at the end of 1967 were as follows:—

Occupation	Men	Women	Total
Piano tuner	4	—	4
Hand/machine knitter	—	6	6
Braille copyist and proof-reader	1	4	5
Firewood dealer	1	—	1
Boot and shoe repairer	1	—	1
Poultry keeper	—	1	1
Confectioner	1	—	1
News vendor	1	—	1
Music teacher	—	1	1
TOTAL ...	9	12	21

PHYSICALLY HANDICAPPED.—At the end of the year six men and one woman were employed at basketry finishing, book binding, textile hand block printing and general work in the following workshops under arrangements with the County Council and with the approval of the Ministry of Labour:—

Controlling Body	Address of Workshop
Burnley County Borough Council	Brunswick Street, Todmorden Road, Burnley.
Queen Elizabeth’s Foundation for the Disabled ...	Dorincourt Estates, Leatherhead Court, Surrey.
Scottish Epilepsy Association’s Workshops ...	Seaborn Industries, Glasgow.
Sir Robert Jones Memorial Workshops	74 Upper Parliament Street, Liverpool, 8.
Yateley Industries for Disabled Girls	Mill Lane, Yateley, Camberley, Surrey,

MENTALLY DISORDERED.—One man and four women were employed at the end of 1967 under the sheltered employment scheme in making carnival novelties at Cheadle Royal Hospital, Cheadle, Cheshire.

OTHER SERVICES

Registration of Homes for Disabled and/or Old Persons.—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the councils of counties and county boroughs of disabled persons' and old persons' homes.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the divisional health committees and 72 such homes were registered at 31st December, 1967. The homes were situated in the areas of the following health divisions:—

Health Division No.	District	No. of registered homes
1	Grange U.D.	1
2	Lancaster M.B.	2
	Lancaster R.D.	3
	Morecambe and Heysham M.B.	4
3	Fleetwood M.B.	2
	Lytham St. Annes M.B.	20
	Poulton-le-Fylde U.D.	1
	Thornton Cleveleys U.D.	3
4	Fulwood U.D.	1
	Leyland U.D.	1
	Preston R.D.	2
5	Accrington M.B.	2
	Oswaldtwistle U.D.	1
	Clitheroe R.D.	1
6	Nelson M.B.	2
	Burnley R.D.	1
7	Crosby M.B.	5
	Formby U.D.	2
	West Lancashire R.D.	1
9	Widnes M.B.	1
10	Haydock U.D.	1
11	Leigh M.B.	1
12	Prestwich M.B.	2
	Haslingden M.B.	1
	Tottington U.D.	2
14	Lees U.D.	1
	Royton U.D.	1
15	Eccles M.B.	2
	Swinton and Pendlebury M.B.	1
16	Urmston U.D.	3
17	Ashton-under-Lyne M.B.	1
	TOTAL—Administrative County	72

War Charities Act, 1940.—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate divisional health committees and at 31st December, 1967, there were 87 charities registered.

Charities Act, 1960.—The County Council maintain an index of local charities in accordance with information supplied by the Charity Commission.

Civil Defence—Welfare Section.—In February, 1964, an instruction was received from the Ministry of Housing and Local Government for county councils to prepare plans for the care of the homeless, including the provision of rest centres, and if necessary to carry them out.

The County Medical Officer of Health has been appointed by the County Council as Head of the Welfare Section and also as County Emergency Homeless Officer and is responsible for planning the arrangements made under the Ministry instructions.

The County Council, on the recommendation of the Civil Defence Committee and with the approval of the Ministry of Housing and Local Government, decided to delegate to district councils responsibility for the staffing and local operation of rest centres.

There has not, however, been any delegation or referring of civil defence functions to Divisional Health Committees. The County Medical Officer of Health in civil defence matters acts as the officer of the Civil Defence Committee and the divisional medical officers, as his representatives locally, are similarly acting on behalf of that Committee.

Compulsory Removal of Persons in need of Care and Attention.—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

Use of the above powers was found necessary in ten instances during 1967. Removal to hospital was ordered in eight cases and to homes for the aged in two. Of the former, two died in hospital, two were discharged, two remained voluntarily, one was admitted to a home for the aged and one was awaiting transfer to a home for the aged. One of the latter remained in the accommodation provided and one was transferred to hospital.

SANITARY CIRCUMSTANCES OF THE COUNTY

Water Supply.—With the exception of a comparatively small and slowly diminishing number of isolated areas the Administrative County is, generally speaking, well provided with a constant, plentiful and wholesome water supply.

The following tabular statement shows the statutory water undertakers covering the whole of the Administrative County area, the types of supply and the County districts served by each at the end of 1967.

LOCAL WATER SUPPLIES

Statutory water undertaker	Type of supply	Districts served
<i>Joint Bodies</i> — Ashton-under-Lyne, Stalybridge, Dukinfield and District Water Board	Upland surface water.	Ashton-under-Lyne M.B. Audenshaw U.D. Droylsden U.D. (part) Failsworth U.D. (part) Mossley M.B.
Calder Water Board 	Upland surface water and deep wells.	Accrington M.B. Church U.D. Clayton-le-Moors U.D. Great Harwood U.D. Haslingden M.B. (part) Oswaldtwistle U.D. Padiham U.D. Rishton U.D. Burnley R.D. (part)
Furness Water Board 	Upland surface water.	Dalton-in Furness U.D. Grange U.D. Ulverston U.D. North Lonsdale R.D.
Fylde Water Board 	Upland surface water.	Clitheroe M.B. Darwen M.B. Fleetwood M.B. Kirkham U.D. Lytham St. Annes M.B. Poulton-le-Fylde U.D. Preesall U.D. Thornton Cleveleys U.D. Blackburn R.D. Clitheroe R.D. Fylde R.D. Garstang R.D. Lancaster R.D. (part) Preston R.D. (part)
Heywood and Middleton Joint Water Board ...	Upland surface water.	Chadderton U.D. (part) Heywood M.B. Middleton M.B. Prestwich M.B. (part)
Lune Valley Water Board 	Upland surface water.	Carnforth U.D. Lancaster M.B. Morecambe and Heysham M.B. Lancaster R.D. (part) Lunesdale R.D.
Makerfield Water Board 	Upland surface water and deep wells.	Abram U.D. Ashton-in-Makerfield U.D. Aspull U.D. (part) Golborne U.D. (part) Hindley U.D. Ince-in-Makerfield U.D. Leigh M.B. Newton-le-Willows U.D. Orrell U.D. Standish-with-Langtree U.D. Up Holland U.D. (part) West Lancashire R.D. (part) Wigan R.D.

LOCAL WATER SUPPLIES (continued).

Statutory water undertaker	Type of supply	Districts served
North Calder Water Board	Upland surface water and springs.	Barrowford U.D. Brierfield U.D. Colne M.B. Nelson M.B. Trawden U.D. Burnley R.D. (part)
Preston and District Water Board	Upland surface water.	Fulwood U.D. Leyland U.D. Longridge U.D. Walton-le-Dale U.D. Preston R.D. (part) West Lancashire R.D. (part)
West Lancashire Water Board	Deep wells.	Formby U.D. Ormskirk U.D. Skelmersdale U.D. Up Holland U.D. (part) West Lancashire R.D. (part)
County Borough Councils—		
Bolton C.B.C.	Upland surface water.	Aspull U.D. (part) Bacup M.B. Farnworth M.B. Haslingden M.B. (part) Kearsley U.D. Little Lever U.D. Radcliffe M.B. Ramsbottom U.D. Rawtenstall M.B. Tottington U.D. Turton U.D. Westhoughton U.D. Whitefield U.D. Worsley U.D (part) Burnley R.D. (part)
Liverpool C.B.C.	Upland surface water.	Chorley M.B. (part) Crosby M.B. Huyton-with-Roby U.D. Kirkby U.D. (part) Litherland U.D. Prescot U.D. Warrington R.D. (part) West Lancashire R.D. (part) Whiston R.D. (part)
Manchester C.B.C.	Upland surface water.	Atherton U.D. Chadderton U.D. (part) Chorley M.B. (part) Denton U.D. Droylsden U.D. (part) Eccles M.B. Failsworth U.D. (part) Irlam U.D. Prestwich M.B. (part) Stretford M.B. Swinton and Pendlebury M.B. Tyldesley U.D. Urmston U.D. Worsley U.D. (part)
Oldham C.B.C.	Upland surface water.	Chadderton U.D. (part) Crompton U.D. Failsworth U.D. (part) Lees U.D. Royton U.D.
Rochdale C.B.C.	Upland surface water.	Littleborough U.D. Milnrow U.D. Wardle U.D. Whitworth U.D.
St. Helens C.B.C.	Upland surface water and deep wells.	Billinge and Winstanley U.D. Haydock U.D. Kirkby U.D. (part) Rainford U.D. Warrington R.D. (part) West Lancashire R.D. (part) Whiston R.D. (part)
Warrington C.B.C.	Upland surface water.	Golborne U.D. (part) Warrington R.D. (part)

LOCAL WATER SUPPLIES (*continued*)

Statutory water undertaker	Type of supply	Districts served
<i>County District Councils—</i>		
Adlington U.D.C.	Upland surface water and springs.	Adlington U.D.
Blackrod U.D.C.	Upland surface water and springs.	Blackrod U.D.
Horwich U.D.C.	Upland surface water, deep well and springs.	Horwich U.D.
Widnes M.B.C.	Deep wells.	Widnes M.B. Whiston R.D. (part)
Withnell U.D.C.	Upland surface water.	Withnell U.D.
Chorley R.D.C.	Upland surface water.	Chorley R.D. West Lancashire R.D. (part)

PUBLIC MAINS SUPPLIES.—The following table, compiled from the local health reports, shows the approximate number of houses and population at the end of 1967 and the preceding year receiving water from the public mains.

Water supplied from public mains

	1966		1967	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts	674,200	1,971,100	674,700	1,991,800
Total Rural Districts	120,400	377,200	126,000	387,800
Administrative County	794,600	2,348,300	800,700	2,379,600

In addition to 19,700 new houses reported to have been connected during the year to the public mains supply, there were also 425 existing houses provided with such a supply for the first time.

In areas supplied from outside sources sampling of the water by the local authorities is in many cases considered to be unnecessary, or may be carried out only in consequence of complaints from consumers, owing to the fact that the supplying authority itself undertakes routine sampling. During 1967, however, 360 samples of the untreated water were submitted from 17 County districts for bacteriological examination and of these 49 were reported to be unsatisfactory. Of 35 samples submitted from nine districts for chemical analysis, none was unsatisfactory. Where apparatus is installed for the treatment of water going into supply, samples of the treated water numbered 2,272 from 62 districts for bacteriological examination and 68 from 26 districts for chemical analysis. Unsatisfactory results were reported on 166 of the former and three of the latter.

Fluoridation of Public Water Supplies.—Discussions on the fluoridation of public water supplies within the Administrative County area were continued during 1967. Three new water treatment works are being built by the Oldham undertaking and when the normal treatment is working satisfactorily it is hoped to put fluoridation plants into commission. For certain technical reasons involving the type of equipment there has been delay in implementing fluoridation in the Bolton area.

PRIVATE SUPPLIES.—According to local reports some 6,200 dwellings, housing an estimated population of 16,300, were still dependent on supplies from wells, springs, etc., at the end of 1967. Bacteriological examination of the untreated water was made in 444 instances and 214 of the samples were found to be unsatisfactory. Chemical analyses numbered 35, of which 16 gave unsatisfactory results. Of treated water where treatment was installed, 26 samples taken for bacteriological examination gave twelve unsatisfactory results but neither of the two submitted for chemical analysis was unsatisfactory. In all cases of unsatisfactory results the consumers were notified and advised on all necessary precautions. In several cases alternative supplies, including connection to the public mains, were provided.

Drainage and Sewerage.—In the following paragraphs reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Acts, and section 56 of the Local Government Act, 1958, in connection with water supply schemes as well as drainage and sewerage schemes.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-65.—Local authorities are obliged by the Act of 1944 to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

The Act enables the Minister of Housing and Local Government to make grants to local authorities towards the cost of providing a supply, or improving an existing supply, of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned are also required to contribute.

The Act provides County Councils with full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, by requiring local authorities to consult with the County Council before submitting schemes to the Minister.

The Act of 1955 amended the requirements of section 1 of the Act of 1944 with regard to contributions towards expenses incurred by local authorities in connection with water supplies, sewerage and sewage disposal in rural localities.

The Rural Water Supplies and Sewerage (No. 2) Act, 1955, increased the limit of contributions out of money provided by Parliament which may be made under the section referred to above, and this limit was further raised by the Act of 1965.

With the formation during recent years of a number of water boards which included county borough council undertakings, doubts arose as to the legality of continued contributions to rural district councils under the above Acts as long as a county borough council were a constituent member of a joint water board covering the area of the rural district. The position was clarified by the Rural Water Supplies and Sewerage Act, 1961, which, *inter alia*, provides that where a contribution towards the expenses of a scheme under the Rural Water Supplies and Sewerage Acts is made by the Minister in respect of any rural locality, it continues to be obligatory for the County Council to make a contribution, whatever may be the nature of the water authority to whom the Minister makes his contribution.

Particulars of applications received during 1967 are given in the following table:—

Authority	Nature of scheme and estimated cost	Action taken
Fylde Water Board ...	Water supply—Waterside (£1,470).	Under consideration.
Fylde Water Board ...	Water supply — Lower Hill, Tockholes (£410).	Under consideration.
Fylde R.D.C. ...	Storm relief sewer—Ribby-with-Wrea (£2,965).	Under consideration.
Fylde R.D.C. ...	Joint sewerage scheme—Fylde and Kirkham (£150,000).	Under consideration.
North Lonsdale R.D.C.	Sewerage—Tarn Close (£3,116).	Approved for submission to Minister of Housing and Local Government subject in part to an application for grant under the Local Government Act, 1958.

In addition further action was taken during the year in connection with certain schemes which were the subject of applications made in previous years and particulars are given in the following table:—

Authority	Nature of scheme and estimated cost	Action taken
Calder Water Board ...	Water supply—Sabden Valley (£2,250).	Approved in November, 1966. The Minister has now agreed to make a lump sum payment of £732. The County Council's contribution will be £680.
Calder Water Board ...	Water supply—Cross Edge District (£10,400).	Approved for submission to Minister of Housing and Local Government.
Fylde Water Board ...	Water supply—Bull Hill (£4,500).	Minister has agreed to make a lump sum payment of £1,171. The County Council's contribution will be £1,087.
Fylde Water Board ...	Water supply—Tockholes and Livesey (£21,100).	In February, 1963, the County Council approved a grant of £199 half-yearly for 30 years. The Minister has now decided to increase his grant to half-yearly payments of £258 for 30 years. The County Council's revised grant will be £240 half-yearly for 30 years.
Blackburn R.D.C. ...	Sewerage scheme—Barkers Lane (£18,000).	The Minister has agreed to make a payment of £273 half-yearly for 30 years. The County Council's contribution will be £254 half-yearly for 30 years.
Burnley R.D.C. ...	Sewer extension—Altham (£375)	Approved in November, 1966. The Minister has now agreed to make a lump sum payment of £68. The County Council's contribution will be £63.

Authority	Nature of scheme and estimated cost	Action taken
Burnley R.D.C. ...	Water main extension—Clow-bridge (£6,937).	Approved in November, 1962. The Minister has now agreed to make an annual contribution of £145 for the period of the guarantee. The County Council's contribution will be £135 per year for the period of the guarantee.
Chorley R.D.C. ...	Sewerage and sewage disposal—Mawdesley and Heskin (£200,750).	Approved for submission to Minister of Housing and Local Government subject in part to an application for grant under the Local Government Act, 1958.
Garstang R.D.C. ...	Sewerage — Lancaster Road, Garstang (£32,170).	Approved for submission to Minister of Housing and Local Government subject in part to an application for grant under the Local Government Act, 1958.
Garstang R.D.C. ...	Sewerage—Forton (£9,900).	Approved for submission to the Minister of Housing and Local Government.
North Lonsdale R.D.C.	Sewerage and sewage disposal—Broughton Beck (£12,016).	Approved for submission to the Minister of Housing and Local Government subject in part to an application for grant under the Local Government Act, 1958.
Ormskirk U.D.C. ...	Sewerage — Newburgh scheme (£52,752).	Approved in October, 1965. The Minister has now agreed to make a grant of £764 half-yearly for 30 years. The County Council's contribution will be £709 half yearly for 30 years.
Tottington U.D.C. ...	Water supply—Affetside, Four Lane Ends and Three Lane Ends (£55,183).	Approved in October, 1965. The County Council's grant will be assessed when the amount of the Ministry grant is known.
Warrington R.D.C. ...	Drainage — Warrington Road, Risley. (£18,800).	Approved in November, 1965. The Minister has now agreed to make a grant of £160 half-yearly for 30 years. The County Council's contribution will be £149 half-yearly for 30 years.
West Lancashire R.D.C. ...	Sewerage and sewage disposal works—Bispham Green (£7,817).	Approved in February, 1965. The Minister has now agreed to make a lump sum payment of £824. The County Council's contribution will be £765.

LOCAL GOVERNMENT ACT, 1958—SECTION 56.—Under the provisions of this Act the County Council has continued to give financial assistance to County District Councils towards the cost of schemes of sewerage and sewage disposal and particulars of the applications received during the year 1967 are set out below:—

Authority	Nature of scheme and estimated cost	Action taken
Ashton-in-Makerfield U.D.C. ...	Sewage disposal — Pewfall drainage area (£52,885).	Under consideration.
Ashton-under-Lyne M.B.C. ...	Repairs to sewer—Cavendish Street. (£13,214).	Under consideration.
Audenshaw U.D.C. ...	Extension to sewage disposal works — Bradley Hurst — Stalybridge and Dukinfield Joint Sewerage Board (£145,000).	Under consideration.
Colne M.B.C. ...	Sewage disposal works extensions (£120,000 approx).	Under consideration.
Crompton U.D.C. ...	Flood prevention — Buckstones Road Area (£50,000).	Under consideration.
Crosby M.B.C. ...	Sewerage—Hightown (£124,105).	Approved for the purposes of the County Council's scheme of financial assistance.
Droylsden U.D.C. ...	Sewerage—Littlemoss (£290,000).	Approved in principle for grant aid under the County Council's scheme of financial assistance.
Heywood M.B.C. ...	Relining of public sewers — Phases I and II and ancillary works (£149,580).	Approved for the purposes of the County Council's scheme of financial assistance.
Hindley U.D.C. ...	Sewage disposal works — Reorganisation—Platt Bridge (£767,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Huyton-with-Roby U.D.C. ...	Culverting of open ditch—Huyton Industrial Estate (£6,035).	Under consideration.
Huyton-with-Roby U.D.C. ...	Relief sewer — Huyton Hey Road (£11,000).	Under consideration.
Leigh M.B.C. ...	Reconstruction of sewer—Plank Lane and Firs Lane (£6,000).	Approved in principle for grant aid under the County Council's scheme of financial assistance.

Authority	Nature of scheme and estimated cost	Action taken
Morecambe and Heysham M.B.C. ...	Main drainage—Heysham (£2,250,000).	Under consideration.
Mossley M.B.C. ...	Sewerage—Dysarts Estate (£2,405).	Approved for the purposes of the County Council's scheme of financial assistance.
Ormskirk U.D.C. ...	Sewerage—Wigan Road and Railway Crossing (£120,000).	Under consideration.
Ormskirk U.D.C. ...	Sewerage—Vicarage Lane, Well-field Lane, Lathom (£19,262).	Approved for the purposes of the County Council's scheme of financial assistance.
Radcliffe M.B.C. ...	Sewerage and sewage disposal—(a) Milltown St. (£3,207); and (b) Durners Lane. (£12,821)	Approved for the purposes of the County Council's scheme of financial assistance.
Radcliffe M.B.C. ...	Surface water sewer—Cardigan Street (£4,800).	Approved for the purposes of the County Council's scheme of financial assistance.
Rainford U.D.C. ...	Renewal of filter bed media—Rookery sewage disposal works (£8,600).	Under consideration.
Royton U.D.C. ...	Sewage disposal works—Reconstruction (£327,000).	Under consideration.
Standish-with-Langtree U.D.C. ...	Sewerage—Thornhill area (£20,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Thornton Cleveleys U.D.C. ...	Proposed sewerage and culverting of watercourses (£561,400).	Approved for the purposes of the County Council's scheme of financial assistance.
Thornton Cleveleys U.D.C. ...	Sewerage and sewage disposal—culverting of Royles Brook (£300,000).	Under consideration.
Tyldesley U.D.C. ...	Tributary sewer—Chaddock Lane (£6,840).	Approved for the purposes of the County Council's scheme of financial assistance.
Tyldesley U.D.C. ...	Construction of foul and surface water sewers—Squires Lane (£17,400).	Under consideration.
Westhoughton U.D.C.	Sewage disposal and main drainage—Pumping equipment for emergency use (£1,598).	Approved for the purposes of the County Council's scheme of financial assistance.
Blackburn R.D.C. ...	Sewerage and sewage disposal—Stage II—Livesey and Pleasington (£51,075).	Approved for the purposes of the County Council's scheme of financial assistance.
Burnley R.D.C. ...	Sewerage—(a) Old Laund Booth and Read, surface water sewers (£3,158); (b) Old Laund Booth (£4,756); (c) Habergham Eaves sewers and sewerage works (£1,872); (d) Foulridge (£39,778).	Approved for the purposes of the County Council's scheme of financial assistance.
North Lonsdale R.D.C.	Sewerage—Tarn Close (£3,116).	Approved for the purposes of the County Council's scheme of financial assistance subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
Warrington R.D.C. ...	Surface water drainage—Penketh and Great Sankey (£42,417).	Approved for the purposes of the County Council's scheme of financial assistance.
Whiston R.D.C. ...	Foul and surface water drainage—Bleakhill Road / Millbrook Lane and Daresbury Road (£89,170).	Approved for the purposes of the County Council's scheme of financial assistance.
Whiston R.D.C. ...	Sewerage—Mill Lane, Rainhill (£7,523).	Approved for the purposes of the County Council's scheme of financial assistance.
Whiston R.D.C. ...	Sewerage—Knowsley Industrial Estate. (£247,270).	Approved for the purposes of the County Council's scheme of financial assistance.

In respect of schemes submitted prior to 1967 development occurred during the year as follows:—

Authority	Nature of scheme and estimated cost	Action taken
Abram U.D.C. ...	Surface water drainage — Bam-furlong (£5,398).	Approved for the purposes of the County Council's scheme of financial assistance.
Ashton-in-Makerfield U.D.C. ...	Sewerage tank and re-laying sewers—Landgate (£5,960).	Approved for the purposes of the County Council's scheme of financial assistance.
Billinge and Winstanley U.D.C. ...	Sewerage and sewage disposal—Phase II—Chapel End (£190,409).	Approved for the purposes of the County Council's scheme of financial assistance.
Clitheroe M.B.C. ...	Emergency work — Sewage disposal works (£82,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Failsworth U.D.C. ...	Sludge treatment plant—Phase II (£90,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Golborne U.D.C. ...	Surface water sewer — Edge Green Lane (£5,220).	Approved for the purposes of the County Council's scheme of financial assistance.
Haydock U.D.C. ...	Surface water sewer — Kilbuck Lane (£17,500).	Approved for the purposes of the County Council's scheme of financial assistance.
Heywood M.B.C. ...	Relief sewer — Hopwood area (£165,486).	Approved for the purposes of the County Council's scheme of financial assistance.
Huyton-with-Roby U.D.C. ...	Extensions to sewage disposal works—Huyton (£203,400).	Approved for the purposes of the County Council's scheme of financial assistance.
Orrell U.D.C. ...	Main drainage scheme (£416,700).	Approved for the purposes of the County Council's scheme of financial assistance.
Radcliffe M.B.C. ...	Sewerage—Grindsbrook Road (£3,458).	Approved for the purposes of the County Council's scheme of financial assistance.
Stretford M.B.C. ...	Extensions to sewage disposal works (£120,000).	Approved for the purposes of the County Council's scheme of financial assistance.
Tottington U.D.C. ...	Water Supply — Affetside, Four Lane Ends and Three Lane Ends (£55,183).	Approved for the purposes of the County Council's scheme of financial assistance subject in part to an application for grant under the Rural Water Supplies and Sewerage Act.
Garstang R.D.C. ...	Relief sewer — Croston Road. (£57,425).	Approved for the purposes of the County Council's scheme of financial assistance.
Garstang R.D.C. ...	Sewerage — Lancaster Road, Garstang (£32,170).	Approved for the purposes of the County Council's scheme of financial assistance subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
North Lonsdale R.D.C.	Sewerage and sewage disposal—Broughton Beck (£12,016).	Approved for the purposes of the County Council's scheme of financial assistance subject in part to an application for grant under the Rural Water Supplies and Sewerage Acts.
Preston R.D.C. ...	Sewerage and sewage disposal—Penwortham (£643,500).	Approved for the purposes of the County Council's scheme of financial assistance.
West Lancashire R.D.C. ...	Sewage disposal works — Improvements—Aughton (£42,513).	Approved for the purposes of the County Council's scheme of financial assistance.

Closet Accommodation.—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.) in the Administrative County area at the end of 1967 as compiled from the local health reports. The number of *dwellings* not on the water carriage system was approximately 9,000.

Closet Accommodation at end of 1967

	Urban districts	Rural districts	Administrative County
Privy middens ...	410	1,330	1,740
Privy closets ...	470	1,440	1,910
Pail closets ...	3,460	3,630	7,090
Fresh-water closets ...	765,890	136,740	902,630
Waste-water closets ...	21,160	650	21,810

At the end of the year the total number of trough closets remaining in the Administrative County area was reported to be 240.

A summary of the action taken in the County districts during 1967 to provide the more sanitary types of closet accommodation is given below:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets	36	204	240
Privy closets to pail closets	4	89	93
Pail closets to fresh-water closets	114	237	351
Waste-water closets to fresh-water closets ...	1,371	100	1,471

Public Cleansing.—At the end of 1967 there were reported to be 926,700 movable dustbins in use in the Administrative County area and the number of dry ashpits had declined to approximately 270. Throughout the County area a weekly collection of household and, in most cases, trade refuse was normal but in a very few districts, mainly rural in character, the interval between collections was extended, the maximum period being two weeks. The work was undertaken by labour directly employed by the local authorities and using covered motor vehicles specially designed for the purpose. Forty-five districts reported the partial use of the paper sack system of refuse collection during the year. This system now extends to approximately 24,500 premises. Controlled tipping was the generally adopted means of disposing of household refuse, other methods reported being crude tipping into disused mineshafts and quarries or separation and incineration.

In 60 of the 109 County districts the owner or occupier was responsible for the renewal of movable dustbins, in 42 districts they were supplied out of the rate fund, in one they were provided by the council on an annual rental and in the remaining six districts a combination of these means of renewal was in operation at the end of the year.

Sanitary Inspections.—The following table gives the numbers of premises visited and visits paid during 1967 by local public health inspectors, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 98 cases.

	No. of premises visited	No. of visits made	Defects or nuisances		No. of notices served	
			No. discovered	No. abated	Informal	Statutory
Urban districts	261,529	462,243	55,561	49,948	15,270	3,240
Rural districts	29,880	54,591	3,316	2,396	1,438	100
Administrative County... ..	291,409	516,834	58,877	52,344	16,708	3,340

Prevention of Atmospheric Pollution.—Clean Air Act, 1956.—In 1967 more orders for the making of smoke control areas were submitted to the Ministry of Housing and Local Government by authorities within the Administrative County than in any year since the Clean Air Act came into operation. The number submitted was 43, involving nearly 26,000 properties. Orders receiving confirmation numbered 48, covering 31,000 properties, and the total number in force at the end of the year increased by 32 to 188, involving 151,000 properties.

Progress achieved in the elimination and prevention of atmospheric pollution is kept under review by a Clean Air Council, appointed under the Act by the Minister, and the National Clean Air Society, of which the County Council and some of the County district councils are members, is also active in this matter. At regional and local levels various voluntary associations of local authorities, such as the Manchester and District Regional Clean Air Council and the South East Lancashire and North Cheshire Consultative Committee on Atmospheric Pollution, have been established as advisory and technical bodies for the purpose of improving the control of and reducing atmospheric pollution in the areas represented.

Co-operation between industrial managements and public health officials in the individual and practical problems involved in the elimination of black smoke continued to be very good.

Movable Dwellings and Camping Sites.—By section 269 of the Public Health Act, 1936, local authorities are empowered to grant licences authorising persons to allow land occupied by them within the district to be used as sites for movable dwellings, and licences authorising persons to erect and station, or use, such dwellings within the district. Local authorities may attach to any such licence such conditions as they think fit with regard to water supply, sanitary arrangements, free space, etc.

A movable dwelling is described in this section of the Act as including any tent, van, shed or other conveyance, whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

The number of sites in the Administrative County area used for camping purposes during 1967 was 412, according to the reports of local medical officers of health. Licences issued by the local authorities under section 269 of the Act of 1936 numbered 37 in respect of sites and 425 in respect of individual movable dwellings. There were reported to be 1,784 caravans used for permanent occupation.

As from the 19th August, 1960, more effective powers for controlling caravan sites were conferred on local authorities by the operation of the Caravan Sites and Control of Development Act 1960. As well as strengthening the powers of planning authorities it introduced a new licensing system to be administered within the Administrative County area by County district councils. The purpose of the Act is to secure that all caravan sites, whether residential or holiday sites, are properly equipped and run; that sites are not allowed in the wrong places but are allowed in acceptable places, and that planning permission is not withheld on principle but only where there is some definite planning objection; that permission is given on a long term or permanent basis unless there is some definite reason against this; and that where sites have to be run down or numbers have to be reduced this is done with due regard to avoidance of hardship.

At the end of the year the total number of site licences in operation under this Act was 521 involving 13,910 caravans. The adoption of the Model Standards issued by the Ministry of Housing and Local Government in conjunction with the Act was reported from 27 County districts in respect of permanent residential caravan sites and from 23 in respect of holiday caravan sites.

Swimming Baths and Pools.—In 36 of the County districts there are public swimming baths and in 15 districts there are school swimming baths. Privately owned swimming baths or pools used by the public, or specific groups thereof, exist in eight districts.

In nearly all instances filtration and chlorination plants are installed and the frequency of water change generally varies between three and six hours. During the year 956 samples of the water were submitted to bacteriological examination and 250 to chemical analysis. Eighty-five of the former and nine of the latter were found to be unsatisfactory.

Disinfestation.—The number of dwellings reported by the local medical officers of health to have been disinfested during 1967 was 3,816 of which 1,761 were council owned dwellings. Almost the whole of this work is undertaken by the local authority staffs but contractors are employed by some authorities, particularly in cases of heavy infestation where hydrogen cyanide gas is required to be used in the van during removal of furniture, bedding, etc., to fresh premises.

Prevention of Damage by Pests Act, 1949.—Under this Act powers relating to the control of rats and mice were vested in the local sanitary authorities upon whom rests the obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and the powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

At the end of 1967 there were 58 full-time rodent operatives employed by local authorities within the Administrative County area. A further 73 had been employed part-time during the year. The number of properties inspected following notification was 34,133 including 692 agricultural, and of these 25,882 were infested—16,058 by rats and 9,824 by mice. In addition 38,621 properties, including 1,890 agricultural, were inspected for reasons other than notification and of these 4,865 were found to be infested—3,297 by rats and 1,568 by mice. Infestation of sewers by rats was reported in 82 of the 109 County districts.

Factories Act, 1961.—The following table provides a summary of the action taken during 1967 in all County Districts in connection with the administration of Parts I and VIII of the Factories Act, 1961.

PART I OF THE ACT

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

(including inspections made by Public Health Inspectors)

Premises (1)	Number on register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by local authorities	1,028	1,023	29	—
(ii) Factories not included in (i) in which section 7 (relating to sanitary conveniences) enforced by the local authority	8,237	6,004	239	—
(iii) Other premises in which section 7 enforced by the local authority *(excluding out-workers' premises)...	612	545	25	—
TOTAL	9,877	7,572	293	—

* i.e., Electrical stations, institutions, sites of building operations and works of engineering construction, slaughter-houses and railway running sheds.

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were—				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1)	141	138	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	4	4	—	—	—
Inadequate ventilation (S.4)	5	5	—	1	—
Ineffective drainage of floors (S.6)	4	4	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient	51	49	—	14	1
(b) unsuitable or defective	435	418	1	66	—
(c) not separate for sexes... ..	10	6	—	1	—
Other offences against the Act (not including offences relating to Outwork)	21	12	7	—	—
TOTAL	671	636	8	82	1

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	Number of out-workers in August list required by Section 133 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc...	386	—	—	—	—	—
Household linen	17	—	—	—	—	—
Umbrellas, etc.	41	—	—	—	—	—
Nets, other than wire nets	16	—	—	—	—	—
Paper bags	3	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	7	—	—	—	—	—
Stuffed toys	1	—	—	—	—	—
Basket making	37	—	—	—	—	—
Cosaques, Christmas stockings, etc.	45	—	—	—	—	—
Textile weaving	9	—	—	—	—	—
Rubber trimming	9	—	—	—	—	—
Knitting... ..	1	—	—	—	—	—
Embroidery (gold thread)	1	—	—	—	—	—
Polishing false teeth	3	—	—	—	—	—
Leatherwork	1	—	—	—	—	—
TOTAL	577	—	—	—	—	—

Offices, Shops and Railway Premises Act, 1963.—This Act prescribes standards which must be observed in a wide field of conditions affecting the safety, health and welfare of employees in all offices and shops, and in most railway buildings near to the permanent way. For most offices and shops the general provisions other than those relating to fire precautions are enforced within the Administrative County area by the district councils by whom such premises have been registered. The general provisions include matters relating to cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, accommodation for clothing, seating arrangements, eating facilities, etc., and every local authority was required to appoint inspectors for the purpose of enforcement.

The following table summarises the work done by the constituent local authorities of the Administrative County area in 1967 :—

	Class of premises				
	Offices	Retail shops	Wholesale shops, warehouses	Catering establishments open to public, canteens	Fuel storage depots
No. of registered premises at end of year	3,659	11,010	549	1,986	83
No. of registered premises receiving a general inspection during year	1,117	4,238	211	800	29
No. of exemptions current at end of year—					
Space (s.5.(2))	1	—	—	—	—
Temperature (s.6)	—	—	—	—	—
Sanitary conveniences (s.9)	3	5	—	1	—
Washing facilities (s.10)	1	2	—	1	—

The total number of visits of all kinds made by the inspectors to registered premises was 15,956.

Rag Flock and Other Filling Materials Act, 1951.—Under this Act premises used for upholstering, stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating and reconditioning of articles and the upholstery of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.

At the end of 1967 there were reported to be 71 registered premises in the County area and the number of licensed premises was 38, of which eleven were used for the manufacture or manufacture and storage of rag flock and 27 for its storage only. Inspections of all premises during the year numbered 42. Seventeen samples of rag flock and other filling materials were submitted for examination of which three were found to be unsatisfactory.

Premises and Occupations which can be Controlled by Byelaws and Regulations.—OFFENSIVE TRADES.—Offensive trades were carried on in 34 districts during 1967, the premises numbering 70. These were chiefly tripe boilers and/or dressers, gut scrapers, fat melters, tanners, soap boilers, rag and bone dealers, glue manufacturers and leather dressers. Regular inspections were reported to have been made of all premises.

COMMON LODGING HOUSES.—At the end of 1967 there were eight common lodging houses on the registers of five district councils in the Administrative County.

CANAL BOATS.—No action was reported during the year relating to the inspection of canal boats.

Inspection of County Districts.—During 1967 a report on the completed survey of the housing, sanitary circumstances, etc., of the Urban District of Prescot was considered by the Public Health and Housing Committee and copies of this report which incorporated recommendations for improvements, were then forwarded to the district council for consideration and any necessary action.

HOUSING

Although remaining relatively high, the rate of building of new homes in the Administrative County declined in 1967 from the post-war peak of the previous year. The 17,430 new housing units, comprising 15,224 houses and 2,206 flats, were 2,204 fewer than the total completed in 1966 and the recession was common to both local authority and private building. However, the proportionate contribution made by the former to the total provision of new housing declined from 33 per cent. in 1966 to 30 per cent. in 1967. Particulars of the dwellings completed in each County district during 1967 are shown in Table 34, page 186.

According to information supplied by local medical officers of health, some of which is also reproduced in Table 34, more than 25,000 dwellings were unfit for human habitation, of which some 6,600 were the subject of demolition and clearance orders made. In all, 56,440 houses were inspected under the Public Health or Housing Acts for housing defects, 111,921 inspections being made for the purpose. In consequence of action taken by the local authorities or their officers, 9,070 houses found to be not in all respects reasonably fit were rendered fit during the year. Of these, 7,380 were brought up to standard as a result of informal action. Formal notices under the Public Health Acts resulted in the remedying of defects in 1,628 cases. Formal notices under sections 9 and 16 of the Housing Act, 1957, secured the completion of necessary work on 48 houses, the work on five however was carried out by the local authorities in default of the owners. Three unfit houses were made fit after determination of a demolition order under section 24 of the Housing Act, 1957, and six were made fit after determination of a closing order under section 27 of the Housing Act, 1961.

Demolition carried out during 1967 accounted for 3,402 houses, of which 2,610 were in or adjoining clearance areas, and displaced 5,717 persons. The 2,610 in or adjoining clearance areas related to 2,426 found unfit for human habitation, 41 included by reason of bad arrangements, etc., and 143 which were on land acquired under section 43(2) of the Housing Act, 1957. Of the 792 demolished houses not in or adjoining clearance areas 609 were the result of formal or informal procedure under sections 16 or 17(1) of the Act of 1957, 94 were local authority owned houses certified unfit by the medical officer of health and 89 resulted from action taken under local Acts.

Closures were applied to 429 houses under sections 16(4), 17(1) and 35(1) of the Housing Act, 1957, and section 26 of the Housing Act, 1961, and to eleven houses under sections 17(3) and 26 of the Act of 1957. The total number of persons displaced by closures was 726.

At the end of 1967 there were reported to be 22 houses, subject to existing demolition or clearance orders, which had been retained for temporary accommodation, one under section 48 of the Act of 1957, ten under section 17(2) and seven under section 46. Four houses were reported to be licensed for temporary accommodation under section 34 or section 53.

IMPROVEMENT GRANTS.—With effect from the 23rd October, 1958, the Housing (Financial Provisions) Act, 1958, repealed and consolidated, *inter alia*, certain provisions of the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954, whereby a local authority may, subject to specified conditions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions may also be made to local authorities towards losses incurred by them in improving housing accommodation.

With the aim of pressing ahead more urgently with this work of modernisation the House Purchase and Housing Act, 1959, introduced changes in the system of improvement grants which had the effect of simplifying its operation and rendering the grants more attractive to owners. Further encouragement was provided by improvement of the conditions under which discretionary grants may be made through the operation, from the 16th August, 1964, of Part III of the Housing Act, 1964.

The number of dwellings or other buildings involved in improvement schemes of private bodies or individuals approved for grant by local authorities within the Administrative County during 1967 was 605. In schemes submitted by local authorities to the Minister 357 properties were approved during the year, 350 of which belonged to local authorities. Schemes actually completed during 1967 involved 647 properties of which 583 were owned by private bodies or persons.

STANDARD GRANTS.—As from the 14th June, 1959, the House Purchase and Housing Act, 1959, set up a new system of standard grants to supplement the existing system of improvement grants (see above) paid at the discretion of the local authority. The distinctive features of this system are that these grants are payable only in respect of the provision of specific standard amenities and on the expenditure actually incurred for this purpose and that, provided certain conditions are satisfied, the owner of the property can claim the grant as of right. The system was designed to produce as simple a procedure as possible and enable owners generally to form a reasonably accurate idea of the assistance they can hope to receive before any expense is incurred. It is intended to deal in the main with relatively straightforward cases in which the improvements involve little or no structural alteration, leaving the system of discretionary improvement grants to deal with the more elaborate proposals.

The standard amenities necessary to qualify for the standard grant were amended by the Housing Act, 1961, and with effect from the 16th August, 1964, were again amended by section 49 of the Housing Act, 1964, as a result of which they stand defined as (a) a fixed bath or shower which, if reasonably practicable, is to be in a bathroom; (b) a wash-hand basin; (c) a hot and cold water supply at a fixed bath or shower which, if reasonably practicable, is to be in a bathroom; (d) a hot and cold water supply at a wash-hand basin; (e) a hot and cold water supply at a sink; (f) a water closet and (g) satisfactory facilities for storing food. Essentially, therefore, they remain the five standard amenities originally stipulated. Section 45, however, relaxes the requirement previously excluding from the benefit of standard grant a dwelling which, after improvement, would be provided with less than all the standard amenities. This relaxation does not apply to dwellings which it would be practicable to improve at reasonable expense so as to be provided with all the standard amenities. The reduced standard is defined by items (e), (f) and (g) quoted above.

During the year under report 5,192 applications—548 more than in 1966—were made to local authorities within the Administrative County area and all but 13 were to the full standard. During the same period 5,002 applications were approved, of which 12 were to the reduced standard. Work was completed on 4,320 premises. Emphasis was placed by the Ministry of Housing and Local Government on the need to effect by voluntary means the required rate of improvement but at the same time provision was made in Part II of the Act of 1964 to extend the powers of local authorities to secure compulsory improvements. Only one new improvement area, within which such powers may be applied as needed, was reported to have been declared during the year.

FINANCIAL ASSISTANCE TO LOCAL AUTHORITIES.—The Housing (Financial Provisions) Act, 1958, repealed all previous legislation insofar as contributions to district councils by the County Council are concerned without affecting the continuation of contributions towards previously approved houses for agricultural workers under section 3(1) of the Housing (Financial and Miscellaneous Provisions) Act, 1946, and other houses under section 3(2). At the same time, by section 23, it provides for the payment to district councils by the County Council, in respect of houses provided for agricultural workers, of an annual contribution of £2 10s. or less per house for 60 years where the exchequer subsidy is increased under section 5 of the Act.

The total contributions paid by the County Council to district councils under the Act during the financial year ended the 31st March, 1968, amounted to £2,781.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.—During 1967, the number of County districts for which the County Council were Food and Drugs Authority remained at 91. Within these districts the County Council are responsible for the licensing and inspection of heat treatment plants and premises and for the licensing, under the Milk (Special Designation) Regulations, 1963-65, of all milk dealers other than producer-retailers (who are licensed by the Ministry of Agriculture, Fisheries and Food). They are also concerned with milk sampling and testing generally and with the administration of the Milk and Dairies (General) Regulations, 1959, insofar as they relate to the general sanitation of dairies and plant licensed by them.

The provisions of the Food and Drugs Act, 1955, relating to milk supplies for which the County Council are the responsible authority include the prohibition of the sale of milk from cows suffering from tuberculosis or other specified diseases, the prevention of the adulteration of milk by the addition of water, colouring matter, dried or condensed milk, etc., the restrictions on the use of special designations and the prevention of the use of false descriptions in relation to milk. Food and Drugs Authorities are also required to enforce provisions concerning the prohibition of the description "cream" in relation to any substance which resembles but which is not "cream" as defined.

The whole of the Administrative County area is a "specified area" where only milk of a special designation may be sold by retail for human consumption. During the year under report 2,241 samples of designated milk (963 pasteurised, 337 sterilised and 941 untreated) were obtained by sampling officers of the County Council from retailers in the 91 districts comprising the County Food and Drugs area.

On submission to the prescribed tests nine samples of pasteurised milk failed the methylene blue test only and three the phosphatase test only, and 53 samples of untreated milk failed the methylene blue test. Appropriate action was taken to ensure adequate heat treatment, etc., of future supplies of milk from the sources concerned. All the samples of untreated milk examined for the presence of tubercle bacilli were reported to be satisfactory.

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1960-65.—The following statement gives particulars of the dealer's licences issued by the County Council as Food and Drugs Authority for the licensing period 1966-70.

Licence	No. issued in 1967	Total No. in operation at 31.12.67
(1) Dealer's (Untreated) Licence—required by a dealer obtaining untreated milk (other than pre-packed milk) for the purpose of resale	11	30
(2) Dealer's (Pasteuriser's) Licence — required by anyone operating a pasteurising plant	2	11
(3) Dealer's (Steriliser's) Licence—for the operation of a sterilising plant	—	3
(4) Dealer's (Ultra Heat Treated) Licence—for the operation of an ultra high temperature plant	—	—
(5) Dealer's (Prepacked Milk) Licence—for the purpose of buying and selling pre-packed milk (untreated, pasteurised, sterilised, ultra heat treated or all four categories) ...	346	4,465

The number of dealers authorised by the above licensees to handle and distribute each of the types of designated milk was as follows:—

Designation	No. of dealers licensed	
	In 1967	At 31.12.67
Untreated	92	832
Pasteurised	136	1,920
Sterilised	242	3,847
Ultra heat treated	173	480

From the premises licensed for the heat treatment of milk 355 samples were obtained during the year and submitted to the prescribed tests. Two samples failed the phosphatase test. The cause of the failure was discovered and subsequent samples were satisfactory.

In the 18 County districts autonomous for Food and Drugs purposes there were operative at the end of 1967 three Dealer's (Pasteuriser's) Licences in respect of premises and plant used for the heat treatment of milk, 1,918 Dealer's (Prepacked Milk) and 210 Dealer's (Untreated) Licences. The numbers of dealers authorised to deal in the respective designations of milk by virtue of these licences were—untreated 268, pasteurised 1,100, sterilised 1,472 and ultra heat treated 195.

PROVISION OF MILK TO SCHOOLS, DAY NURSERIES AND HOMES FOR THE AGED.—Of the 2,241 samples of designated milks obtained by the County Council's sampling officers (see above), 280 were of milk supplied to schools, day nurseries and homes for the aged.

The County Council's policy of endeavouring to arrange for heat treated milk to be provided at all schools in the County area was continued, particularly in view of the possibility of brucella infections occurring in raw milk, but where it has been impossible in the more remote parts of the County area to obtain heat treated milk untreated milk has been supplied.

BRUCELLA ORGANISMS IN MILK.—Samples of untreated milk submitted by the County Council's officers for bacteriological and biological examination to the Public Health Laboratories are examined for the presence of brucella organisms in addition to those of tuberculosis.

During 1967 although, as stated above, no evidence of tuberculosis was found in any of the 718 samples submitted, 92 of these were reported to contain brucella organisms. In each case the medical officer of health for the appropriate County district was informed in order to take whatever action be deemed suitable.

SAMPLING BY LOCAL AUTHORITIES.—The number of milk samples reported to have been taken during 1967 by officers of the local authorities within the Administrative County and submitted to biological examination for either tuberculosis or brucellosis, or both, was 11,464. The results were as follows:—

					Positive		Negative		No result
Tuberculosis	...	...	...	...	—	...	1,063	...	138
Brucellosis—									
Ring test	...	...	...	...	1,480	...	9,055	...	641
Culture test		...	...	...	360	...	1,251	...	249
Biological test		...	...	...	89	...	753	...	202

Particulars of the milk samples submitted to the statutory tests are given in the following statement:—

				No. of samples			Results—			
						Satisfactory	Unsatisfactory		Void samples	
<i>Raw Milk—</i>										
Methylene blue test	...	...	998	...	795	...	171	...	32	
<i>Heat treated Milk—</i>										
Methylene blue test	...	...	1,238	...	1,146	...	43	...	35	
Phosphatase test	...	...	...	...	1,211	...	4	...	7	
Turbidity test	...	...	332	...	332	...	—	...	—	
Colony count test	...	...	14	...	14	...	—	...	—	

For the ninth successive year no sample of milk taken within the Administrative County area by either County or local officers gave a positive result to the biological test for tuberculosis.

Meat and Other Foods.—From information supplied by local medical officers of health there were 26,500 food shops, places where food is prepared, etc., in the Administrative County area at the end of the year. Their classification into clearly defined categories is dependent upon individual definitions applied in each of the 109 County districts, but, as nearly as can be ascertained, they included approximately 6,800 general grocers and provision dealers, some 1,620 greengrocers and fruiterers (including those selling wet fish, game, etc.), 300 fishmongers (including those selling poultry and game), 2,040 meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.), 1,740 bakers and/or confectioners, 1,230 fried fish and chip shops, 2,460 shops selling mainly sugar confectionery, minerals, ice cream, etc., 8,360 licensed premises, canteens, restaurants, cafes, snack-bars and similar catering establishments and a further 1,950 food premises which were not classifiable under the above general headings. Premises registered under the Food and Drugs Act or corresponding provisions of local legislation numbered 10,419 and 12,143 inspections of such premises were made during the year.

Byelaws relating to the handling of food intended for sale were in operation in almost all the 109 County districts and their enforcement in conjunction with the Food Hygiene Regulations rarely called for action beyond the informality of personal advice and guidance which the inspectorial staffs of local authorities mainly rely upon.

Licensed private slaughter-houses and public abattoirs in operation at the end of the year numbered 79 and five respectively. It is the general practice to carry out complete post-mortem examinations at all such establishments but ante-mortem examination of all animals is confined to relatively few districts.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1967 together with the numbers and results of inspections carried out.

Carcases Inspected and Condemned, 1967

	Cattle including cows	Calves	Sheep and lambs	Pigs	Horses
Number killed	110,762	4,844	506,605	236,771	—
Number inspected	110,762	4,844	506,605	236,771	—
<i>All diseases except tuberculosis and cysticerci :</i>					
Whole carcasses condemned	242	117	967	507	—
Carcasses of which some part or organ was condemned	47,547	103	71,040	34,540	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	43·1	4·5	14·2	14·8	—
<i>Tuberculosis only :</i>					
Whole carcasses condemned	—	—	—	6	—
Carcasses of which some part or organ was condemned	5	—	—	1,383	—
Percentage of the number inspected affected with tuberculosis	0·0	—	—	0·6	—
<i>Cysticercosis :</i>					
Carcasses of which some part or organ was condemned	217	—	—	4	—
Carcasses submitted to treatment by refrigeration	100	—	—	4	—
Generalised and totally condemned ...	1	—	—	—	—

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1959-63.—During the year routine visiting of premises for the purpose of sampling, temperature recording and inspection of equipment was reported to have been undertaken in the majority of County districts. The standards of production and storage required by the regulations were generally maintained.

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.—There were two egg pasteurisation plants in operation at the end of the year. Sixty-two samples of liquid egg from eight County districts submitted to the Alpha-Amylase test all proved satisfactory.

Food Poisoning.—During 1967 cases of food poisoning formally notified in the Administrative County area numbered 230 but 72 more, although not the subject of formal notification, were ascertained by local medical officers of health. The total of 302 was 95 fewer than the corresponding total for the previous year and 159 less than the annual average for the preceding five years, 1962-66. There were no deaths.

Defining an outbreak in this instance as the whole of the cases, being more than one in number either probably or certainly derived from a single contaminating or infecting source, there were 28 outbreaks involving 153 cases, the remaining 149 being apparently isolated and unrelated. Brief particulars of the outbreaks, including such information as is available regarding the organisms or other agents responsible, the foods involved and the place where the contaminated food was consumed, are given in the following statement:—

District	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Accrington M.B. ...	2	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
	8	—	Salm. panama ...	Beef ...	Not ascertained.
Bacup M.B. ...	2	—	Cl. welchii ...	Not ascertained. ...	School.
Chorley M.B. ...	3	—	Not ascertained ...	Not ascertained ...	Not ascertained.
	2	—	Not ascertained ...	Not ascertained ...	Not ascertained.
	3	—	Not ascertained ...	Not ascertained ...	Not ascertained.
Chorley R.D. ...	2	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
Crompton U.D. ...	4	—	Salm. enteritidis ...	Not ascertained ...	Suspect local nursery.
Fleetwood M.B. ...	2	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
	2	—	Salm. panama ...	Meat ...	Home.
Fulwood U.D. ...	2	—	Salm. typhi-murium ...	Confectionery ...	Not ascertained.
Heywood M.B. ...	2	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
Kirkby U.D. ...	3	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
	2	—	Salm. enteritidis ...	Not ascertained ...	Not ascertained.
Lytham St. Annes M.B.	6	—	Cl. welchii ...	Meat ...	Convent.
Middleton M.B. ...	13	—	Cl. welchii ...	Cold chicken/Sausage roll ...	Hotel.
Oswaldtwistle U.D.	2	—	Salm. typhi-murium ...	Not ascertained ...	Home.
Poulton-le-Fylde U.D. ...	2	—	Salm. meleagridis ...	Not ascertained ...	Majorca.
	2	—	Salm. typhi-murium ...	Not ascertained ...	Holiday camp.
Preston R.D. ...	12	—	Salm. typhi-murium ...	Confectionery ...	Home.
	3	—	Salm. typhi-murium ...	} Not ascertained ...	Spain.
	1	—	Salm. haifa ...		
Swinton and Pendlebury M.B. ...	18	—	Salm. typhi-murium ...	Not ascertained ...	School.
Turton U.D. ...	2	—	Salm. virchow ...	Cooked chicken ...	Wedding reception.
	2	—	Salm. virchow ...	Cooked chicken ...	Home.
	2	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
Urmston U.D. ...	5	—	Salm. typhi-murium ...	Not ascertained ...	Not ascertained.
Worsley U.D. ...	18	—	Salm. virchow ...	Not ascertained ...	Hospital.
	26	—	Cl. welchii ...	Ox tongue ...	School.

*Including non-notified cases ascertained during investigations.

Of the 149 isolated cases of food poisoning which occurred in 1967 the responsible organisms in 27 were identified as salmonellae—ten of *s. virchow*, six of *s. typhi-murium*, three of *s. senftenberg*, two of *s. panama*, and one each of *s. takoradi*, *s. dublin*, *s. reading*, *s. give*, *s. newport*, and *s. saint paul*. Two cases were due to *clostridium welchii*. In the remaining 120 isolated cases the responsible agents or organisms were not identified.

Food and Drugs.—The following information has been derived from the Annual Report of the County Analyst, A. C. Bushnell, Esq., F.R.I.C.

During the year under review the following new Regulations which have a bearing on the work of the Public Analyst were made:—

- The Meat Pie and Sausage Roll Regulations, 1967.
- The Canned Meat Product Regulations, 1967.
- The Sausage and Other Meat Product Regulations, 1967.
- The Artificial Sweeteners in Food Regulations, 1967.
- The Solvents in Food Regulations, 1967.
- The Food (Control of Irradiation) Regulations, 1967.
- The Carcinogenic Substances Regulations, 1967.
- The Toys (Safety) Regulations, 1967.
- The Labelling of Food Regulations, 1967.
- The Coffee and Coffee Product Regulations, 1967.
- The Ice-Cream Regulations, 1967.
- The Margarine Regulations, 1967.

In addition, two reports were published by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food, one on compositional standards for cream, the other on cyclamatic sweetening substances.

FOOD AND DRUGS SAMPLES.—The number of food and drugs samples (excluding appeal-to-cow samples) from the 91 districts within the area for which the County Council are the Food and Drugs authority, examined during 1967 was 8,055 as compared with 8,190 in the previous year. Of these, 398 were classified as adulterated—38 less than in 1966.

In the following table figures relating to samples during the last ten years are given and it will be seen that a sampling rate of about five per thousand population continues to be maintained.

Sampling, 1958-1967

Year	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Percentage of adulteration ...	4·9	4·5	4·6	4·9	3·8	5·8	7·2	6·4	5·3	4·9
Total samples ...	8,225	8,256	7,857	8,352	8,784	8,243	7,766	7,959	8,190	8,055
Formal samples ...	3,337	3,321	3,012	2,995	3,230	2,686	2,528	2,216	2,577	2,126
Informal samples ...	4,568	4,627	4,589	5,025	5,122	5,211	4,855	5,333	5,003	5,465
Private samples ...	320	308	256	332	432	346	383	410	610	464
No. of adulterated samples ...	405	373	361	414	334	480	562	512	436	398
No. of samples per 100,000 of the population ...	581	576	548	557	586	539	541	534	550	537

MILK.—*Adulteration*.—The number of milk samples submitted under the Food and Drugs Act during the year was 4,133 and, of these, 137 were reported against; the amount of adulteration was, therefore, 3·3 per cent. The table below shows the corresponding figures during the ten years 1958-1967.

Percentage of Adulteration of Milk Samples, 1958-67

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1958	5,385	231	4·3
1959	5,294	198	3·7
1960	5,051	178	3·5
1961	5,201	180	3·5
1962	5,403	156	2·9
1963	4,823	250	5·2
1964	4,268	319	7·5
1965	4,415	290	6·6
1966	4,403	207	4·7
1967	4,133	137	3·3
1958-67	48,376	2,146	4·4

Particulars of the various types of adulteration and the number of samples in each case are given in the following statement:—

	No.	% of total
Deficient in fat only	63	1·53
Containing added water only	27	0·65
Containing added water and incorrectly designated ...	1	0·02
Deficient in fat and containing added water	3	0·07
Deficient in fat and containing penicillin	2	0·05
Incorrectly designated	1	0·02
Containing penicillin	19	0·46
Containing penicillin and added water	1	0·02
Containing foreign matter, etc.	20	0·48
	<u>137</u>	<u>3·30</u>

Average Composition.—Genuine milk is not of constant composition. There are natural variations in the amounts of fat and solids-not-fat in milk as drawn from the cows. It therefore becomes a matter of some significance to know the average value for these two constituents. During 1967, the average figure for fat was 3·70 per cent., for solids-not-fat 8·63 per cent. and for total solids 12·33 per cent. It should be pointed out, however, that these figures are calculated from the results of all the samples of milk (other than Channel Islands milk) received. That is to say, all adulterated samples and appeal-to-cow samples are included whether they contained more or less than the limits for fat and solids-not-fat laid down by the Sale of Milk Regulations. It may be noted that the fat content of milk is usually at its lowest in the spring and at its highest in the autumn. Solids-not-fat tend to be lower in the winter.

In the following table the average composition of all the milk samples examined is set out for the period 1910-1967. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there has been an appreciable decrease in solids-not-fat, the lowest figure of 8·55 per cent. being recorded in the year 1943. The average for solids-not-fat for the year under review was 8·63 per cent., while the average for the whole period for which records have been kept is 8·78 per cent. Since the year 1943 there has been, in general, a tendency for solids-not-fat to show an upward trend but they are still below the pre-war figures.

Average Composition of Milk Samples, 1910-67

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910-30 ...	56,028	3·67	8·90	12·57
1931 ...	3,090	3·84	8·81	12·65
1932 ...	3,205	3·77	8·85	12·62
1933 ...	3,060	3·76	8·82	12·58
1934 ...	3,310	3·74	8·81	12·55
1935 ...	3,422	3·75	8·84	12·59
1936 ...	3,098	3·73	8·88	12·61
1937 ...	3,278	3·74	8·84	12·58
1938 ...	3,398	3·70	8·78	12·48
1939 ...	3,128	3·67	8·78	12·45
1940 ...	2,144	3·70	8·79	12·49
1941 ...	1,866	3·70	8·64	12·34
1942 ...	1,516	3·75	8·66	12·41
1943 ...	1,489	3·70	8·55	12·25
1944 ...	1,197	3·69	8·57	12·26
1945 ...	1,096	3·72	8·57	12·29
1946 ...	2,776	3·75	8·58	12·33
1947 ...	4,625	3·75	8·63	12·38
1948 ...	4,523	3·67	8·64	12·31
1949 ...	5,210	3·66	8·65	12·31
1950 ...	5,362	3·68	8·67	12·35
1951 ...	5,839	3·67	8·65	12·32
1952 ...	5,844	3·67	8·68	12·35
1953 ...	5,922	3·68	8·68	12·36
1954 ...	5,182	3·71	8·65	12·36
1955 ...	5,686	3·68	8·66	12·34
1956 ...	5,524	3·71	8·59	12·30
1957 ...	5,485	3·68	8·63	12·31
1958 ...	5,439	3·68	8·63	12·31
1959 ...	5,304	3·62	8·62	12·24
1960 ...	5,062	3·64	8·66	12·30
1961 ...	5,216	3·66	8·66	12·32
1962 ...	5,420	3·70	8·61	12·31
1963 ...	4,825	3·69	8·60	12·29
1964 ...	4,283	3·70	8·60	12·30
1965 ...	4,430	3·72	8·65	12·37
1966 ...	4,446	3·70	8·63	12·33
1967 ...	4,210	3·70	8·63	12·33
1910-67 ...	*204,938	3·70	8·78	12·48

* Excludes Channel Islands milk and 62 samples examined for foreign matter only.

ARTICLES OTHER THAN MILK.—*Adulteration.*—During the year under review, 3,922 samples other than milk were examined on behalf of the County Council. Of these, 261 were criticised amounting to a so-called adulteration rate of 6·6 per cent. This is higher than the figure for the year 1966 when it was 6·0 per cent. It is also higher than the adulteration rate for milk in 1967, which was 3·3 per cent. The general public contributes greatly to this high return by its constant vigilance for extraneous matter in food, and a high proportion of the other samples which caused comment were to be found in the field of labelling problems—a large proportion even of the sausages causing comment did so because the notices about presence of preservatives had become obscured or mislaid in the shops. Thus 97 of the 261 unsatisfactory samples contained extraneous matter or insects, 43 were wrongly labelled, and sausages were involved in a further 47 cases. Of the 261 samples making up the above-mentioned adulteration rate of 6·6 per cent., 187 were therefore not strictly cases of adulteration.

PROSECUTIONS.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples other than milk, deterioration may be due to long storage or adulteration may be brought about by the action of some person other than the actual vendor. In these instances it is often considered appropriate to take less severe action than legal proceedings. In the case of milk samples, vendors are sometimes cautioned and subsequent samples then frequently become genuine; in other instances dairies are visited by the County Public Health Officers in order to correct faulty dairy management which may have given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of surrender for destruction of remaining unsatisfactory stocks, or returning stocks to manufacturers, or sometimes communicating with packers with regard to unsatisfactory labels, etc.

During the year 398 County food and drug samples were reported upon adversely and in respect of 34 of these prosecutions were instituted. There were 33 convictions or orders to pay costs. The total fines and costs during the year amounted to £886 16s. 11d.

ICE-CREAM.—During the year under review, 152 samples of ice-cream (excluding samples of dairy ice-cream and milk ice) were submitted for chemical analysis, 91 by County Public Health Officers and 61 by autonomous Food and Drugs authorities. Of these, three samples (all County) were reported upon adversely. In the year 1966, the number of samples reported upon adversely was nine. Of the three unsatisfactory samples in 1967, one was deficient in fat, one contained the artificial sweetener saccharin and one contained a trace of very dark coloured particles of the nature of atmospheric dust and vegetable debris.

It will be noted from the following table that the average fat content of ice-cream during 1967 was 9·0 per cent. Bearing in mind how much an ordinary average can be changed by a very few abnormal readings, it is of interest to note that the medians (or middle readings in the series) for fat and total solids were 9·5 per cent. and 37·4 per cent. respectively, and the modes (or most frequently occurring results) for these constituents were 6·9 per cent. and 36·7 per cent. A perusal of the table shows that the average fat content in 1946 was only 2·3 per cent. In 1966 it was 8·8 per cent. The lowest fat content found during 1967 was 4·7 per cent., whereas in the four years 1946 to 1949 fats as low as 0·3 and even 0·1 per cent. were found. All samples of ice-cream examined, whether submitted on behalf of the County Council or by autonomous Food and Drugs Authorities are included in the table.

Ice-Cream

Year	No. of samples	Fat content average per cent.	Total solids average per cent.	Highest fat per cent.	Lowest fat per cent.	Highest total solids per cent.	Lowest total solids per cent.
1946	45	2·3	22·5	10·7	0·1	36·8	13·3
1947	59	3·0	23·6	10·6	<i>Less than</i> 0·1	39·2	14·1
1948	53	3·9	25·3	11·3	0·1	33·4	18·9
1949	171	6·4	29·3	13·3	0·3	45·9	14·7
1950	186	8·5	32·1	14·7	2·2	43·0	20·1
1951	230	8·6	32·6	15·6	3·3	40·7	23·0
1952	143	9·0	32·8	13·7	2·0	40·0	19·6
1953	130	8·6	32·7	15·2	2·5	42·3	23·3
1954	90	9·2	34·6	13·8	3·1	44·0	24·8
1955	95	8·1	33·2	13·3	3·5	40·9	24·3
1956	94	9·2	34·0	16·4	3·6	43·6	26·3
1957	99	8·7	33·3	14·7	3·0	41·9	22·9
1958	111	8·9	33·8	15·6	2·7	42·1	25·3
1959	104	8·9	34·6	17·4	4·6	55·2	27·4
1960	68	8·7	35·4	12·4	4·1	50·7	25·8
1961	114	9·7	35·7	14·8	4·6	50·1	27·1
1962	121	9·1	35·1	13·3	3·3	50·5	24·8
1963	95	8·5	34·1	13·8	2·7	50·4	26·0
1964	127	8·2	34·1	14·4	4·5	49·7	24·2
1965	106	8·9	34·8	14·8	4·7	53·5	24·0
1966	138	8·8	34·4	14·9	4·4	58·6	25·6
1967	152	9·0	34·4	15·5	4·7	49·9	26·3

Prior to the war a figure of eight per cent. was suggested by a trade association as an acceptable minimum standard for fat content, and it is interesting to note that during the year under review only 94 samples out of a total of 152 showed fat contents varying from 8·0 to 15·5 per cent.

Dairy Ice-Cream.—Ten samples (6 County) of dairy ice-cream, not included in the foregoing table, were also submitted for chemical analysis. The average figures found for the ten samples were—total solids 33·5 per cent. (maximum 40·5; minimum 26·9) and for fat content 7·4 per cent. (maximum 10·5; minimum 5·0).

Of the ten samples examined only one (from an autonomous Authority) was reported upon adversely. This sample had a list of ingredients which was incomplete and which should have been in the descending order of amounts used. The manufacturer agreed to use correct labels in future.

Milk Ice.—No samples of milk ice were submitted during the year under review.

ICE LOLLIES.—Only 39 samples of ice lollies were examined by the laboratory in 1967, 31 on behalf of the County Council and eight for autonomous Food and Drugs Authorities. Four (3 County) were reported upon adversely—one contained 47 parts per million of copper compared with the general maximum limit of 20 parts allowed in food; two (one from an autonomous Authority) were wrongly labelled and the fourth was found to contain broken glass.

The non-water content of the samples examined ranged from 3·8 per cent. to 54·4 per cent. with little apparent correlation between food value and price.

SHOPS ACTS, 1950-65

The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Acts in all rural districts of the Administrative County area and in all urban districts which had a population of less than 20,000 at the last published census. In the municipal boroughs, the respective councils are the local authority. At the end of the year the County Council were responsible for enforcing the provisions of the Acts in 71 of the 109 districts in the Administrative County, 26 municipal borough councils and 12 urban district councils being responsible for their own areas.

In 56 of the districts in the Administrative County Shops Acts area the local public health inspectors undertook certain of the inspectoral duties assigned to the County Council, namely under the provisions of the Act of 1950 relating to the hours of employment and the display of records and notices for young persons. For such inspections carried out the County Council paid the district councils at the rate of 2s. 6d. per shop per annum (two inspections), with a minimum of £6 per annum for those districts with less than 48 shops. During 1967, 4,862 inspection reports were received under this scheme and 61 contraventions were noted.

In the remaining 15 districts, viz., the urban districts of Aspull, Ashton-in-Makerfield, Carnforth, Church, Great Harwood, Hindley, Kirkham, Poulton-le-Fylde, Preesall, Prescott, Ramsbottom, Tottington, Upholland and Withnell, and the rural district of Blackburn, the duties are carried out by the County shops inspectors. During 1967 they made 1,267 inspections and in 17 instances contraventions of the Acts were noted. The shopkeepers concerned were communicated with and the provisions of the Acts explained.

Throughout the year the County shops inspectors also visited shops in each of the 71 districts for which the County Council are the "shops authority" and 3,760 such visits were made. These resulted in 644 letters being written to shopkeepers explaining the requirements of the Acts insofar as they relate to general closing hours, the weekly early closing day and Sunday trading. In each case the inspectors made a "follow-up" visit and in this connection 84 Sunday or evening visits were made.

From time to time complaints are received regarding alleged illegal Sunday trading, failure to close on one half day a week and various other infringements of the Acts. Eighteen such complaints were received during the year—ten from individual shopkeepers, two from the police, three from Weights and Measures Departments, two from local authorities and one from a trade association. In each case the circumstances of the complaint were investigated and appropriate action was taken.

Legal proceedings were instituted in eight cases, all of which were contraventions of the Sunday trading restrictions and fines and costs totalling £37 0s. 0d. were imposed.

YOUNG PERSONS (EMPLOYMENT) ACT, 1964

The County Council are responsible for the enforcement of this Act within the area of the Administrative County for which they are the Shops Acts Authority.

During the year 104 visits were made to premises in which intoxicating liquor is regularly sold or supplied after 11 p.m. and, where appropriate, letters were forwarded to the proprietors of the premises concerned.

TABLES, ETC.

ADMINISTRATIVE COUNTY OF LANCASTER

Birth and Death Rates, 1889-1967

Crude Live Birth Rate ----- Crude Death Rate ———

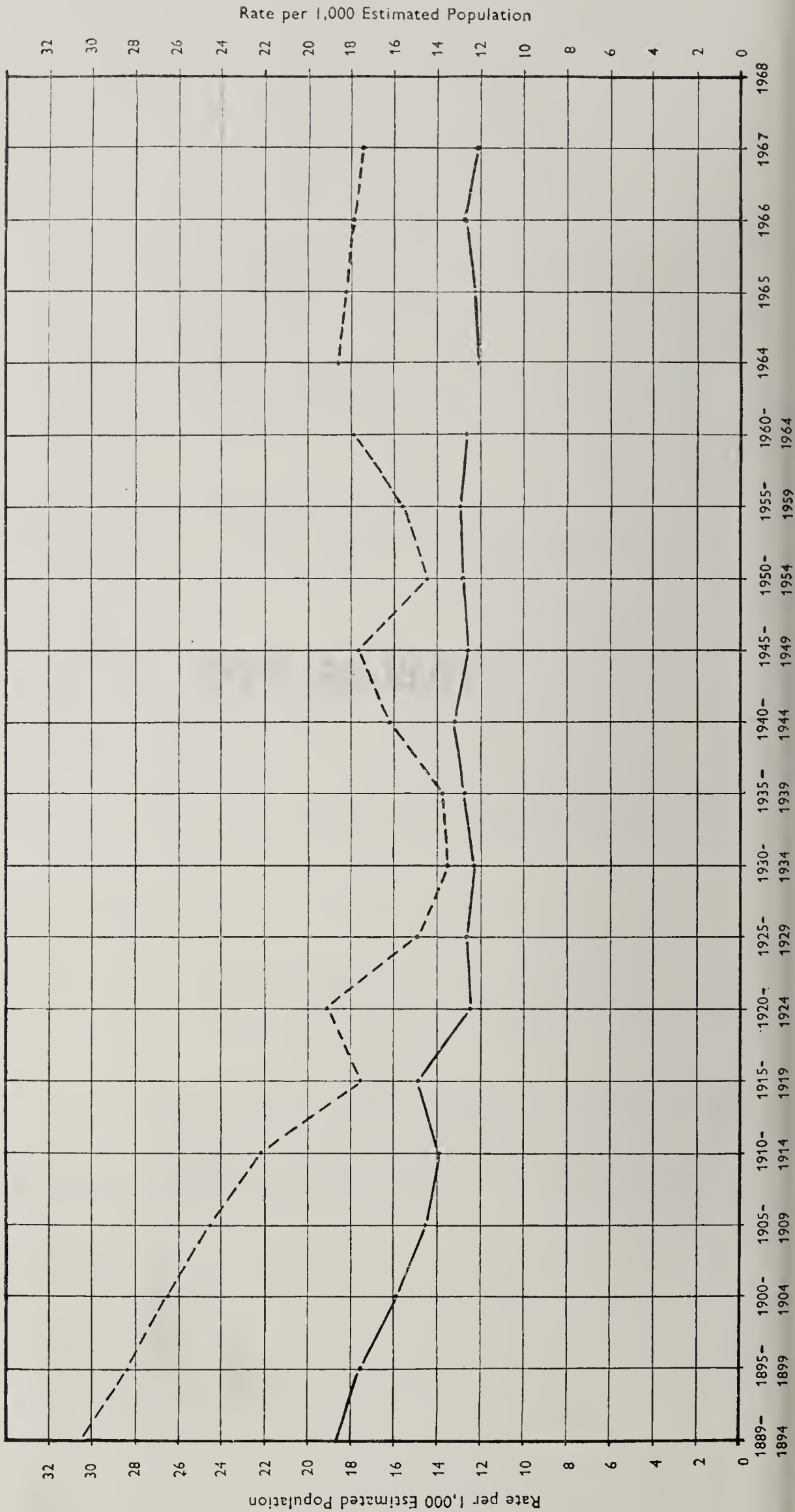


TABLE 1—COUNTY BIRTH AND DEATH RATES 1889-1967

PERIOD						CRUDE LIVE BIRTH RATE per 1,000 population			CRUDE DEATH RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
						County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
AVERAGE 5 YEARS—														
1889-1894 (6 years) ...	...	...	...	...	...	30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895-1899 ...	...	...	...	...	...	28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900-1904 ...	...	...	...	...	...	26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905-1909 ...	...	...	...	...	...	24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910-1914 ...	...	...	...	...	...	22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915-1919 ...	...	...	...	...	...	17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920-1924 ...	...	...	...	...	...	19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925-1929 ...	...	...	...	...	...	14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930-1934 ...	...	...	...	...	...	13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935-1939 ...	...	...	...	...	...	13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940-1944 ...	...	...	...	...	...	16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945-1949 ...	...	...	...	...	...	17.75	17.97	16.42	12.63	12.90	11.05	45	45	41
1950-1954 ...	...	...	...	...	...	14.60	14.75	13.76	12.75	13.04	11.10	30	30	29
1955-1959 ...	...	...	...	...	...	15.69	15.66	15.84	12.81	13.00	11.74	26	26	26
1960-1964 ...	...	...	...	...	...	17.96	17.94	18.08	12.69	12.75	12.38	24	24	20
YEAR—														
1915 ...	...	...	...	...	...	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916 ...	...	...	...	...	...	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917 ...	...	...	...	...	...	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918 ...	...	...	...	...	...	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919 ...	...	...	...	...	...	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
1920 ...	...	...	...	...	...	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921 ...	...	...	...	...	...	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922 ...	...	...	...	...	...	18.11	18.28	17.04	13.23	13.43	11.99	85	87	75
1923 ...	...	...	...	...	...	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924 ...	...	...	...	...	...	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
1925 ...	...	...	...	...	...	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926 ...	...	...	...	...	...	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927 ...	...	...	...	...	...	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928 ...	...	...	...	...	...	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929 ...	...	...	...	...	...	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
1930 ...	...	...	...	...	...	14.01	14.07	13.66	11.87	12.10	10.56	64	64	58
1931 ...	...	...	...	...	...	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932 ...	...	...	...	...	...	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933 ...	...	...	...	...	...	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934 ...	...	...	...	...	...	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
1935 ...	...	...	...	...	...	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936 ...	...	...	...	...	...	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937 ...	...	...	...	...	...	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938 ...	...	...	...	...	...	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939 ...	...	...	...	...	...	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
1940 ...	...	...	...	...	...	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941 ...	...	...	...	...	...	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942 ...	...	...	...	...	...	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943 ...	...	...	...	...	...	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944 ...	...	...	...	...	...	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
1945 ...	...	...	...	...	...	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946 ...	...	...	...	...	...	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947 ...	...	...	...	...	...	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45
1948 ...	...	...	...	...	...	17.21	17.48	15.64	11.74	12.00	10.18	40	40	35
1949 ...	...	...	...	...	...	15.99	16.18	14.85	12.72	13.05	10.78	38	39	32
1950 ...	...	...	...	...	...	15.06	15.22	14.09	12.84	13.18	10.88	33	33	31
1951 ...	...	...	...	...	...	14.61	14.79	13.56	13.85	14.23	11.76	29	29	31
1952 ...	...	...	...	...	...	14.33	14.50	13.40	12.23	12.65	9.89	30	31	26
1953 ...	...	...	...	...	...	14.77	14.92	13.96	12.17	12.34	11.25	29	29	30
1954 ...	...	...	...	...	...	14.25	14.33	13.81	12.64	12.80	11.72	29	29	29
1955 ...	...	...	...	...	...	14.39	14.31	14.86	12.95	13.19	11.60	26.6	25.9	30.1
1956 ...	...	...	...	...	...	15.24	15.19	15.49	12.72	12.96	11.43	27.2	27.3	26.6
1957 ...	...	...	...	...	...	16.00	15.89	16.56	12.85	13.11	11.45	25.2	25.3	24.5
1958 ...	...	...	...	...	...	16.17	16.17	16.18	12.85	12.95	12.23	25.6	25.5	26.8
1959 ...	...	...	...	...	...	16.59	16.67	16.08	12.68	12.80	12.01	23.7	23.8	22.8
1960 ...	...	...	...	...	...	17.07	17.05	17.19	12.54	12.55	12.43	25.0	25.4	22.7
1961 ...	...	...	...	...	...	17.45	17.41	17.65	13.31	13.40	12.74	24.1	24.9	19.4
1962 ...	...	...	...	...	...	18.28	18.29	18.23	12.85	12.89	12.64	24.0	24.9	19.1
1963 ...	...	...	...	...	...	18.28	18.27	18.34	12.69	12.77	12.22	23.3	24.1	18.8
1964 ...	...	...	...	...	...	18.68	18.64	18.87	12.09	12.13	11.88	21.4	21.2	22.3
1965 ...	...	...	...	...	...	18.20	18.08	18.83	12.27	12.43	11.44	19.8	20.0	18.9
1966 ...	...	...	...	...	...	17.86	17.88	17.74	12.73	12.97	11.50	19.9	20.5	16.6
1967 ...	...	...	...	...	...	17.55	17.56	17.48	12.18	12.38	11.16	20.0	20.2	19.0

TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1967

Notes : The Census, 1961, populations given in this table refer to the areas as constituted at 31st December, 1967. Acreages are as supplied by the Ordnance Survey Department and are given to the nearest acre. Adjusted live birth and adjusted total death rates (for explanation, see pages 18 and 20) are not shown in this table. Each may be obtained by multiplying the crude rate by the corresponding comparability factor given in Table 3. The ratio of such adjusted rate to the rate for England and Wales is shown in the next column to the crude rate.

Rates based upon less than 20 births or deaths are distinguished by italic type as a warning that such rates are subject to a specially large amount of variation in proportion to their magnitude owing to the small number of persons whose experience is being recorded.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	Acreage and inland water) at 31st Dec. 1967	Census, 1961	Est. Home, at 30th June, 1967	LIVE BIRTHS			STILLBIRTHS			Number registered			Deaths of infants under one year			Deaths of infants under four weeks			Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
				Number registered		Crude rate per 1,000 pop'n	Ratio adj-usted rate to E.&W.	Number registered		Still- birth rate per 1,000 total births	M.	F.	Total	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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Abram ...	1,979	6,004	6,180	L. I.	47 2	51 1	101	16.3	0.95	L. I.	1 1	3	29	1.56	78	30	48	L. I.	2 —	2	—	—	—	—	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

L.—Illegitimate.

L.—Legitimate.

TABLE 2—continued

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1967	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births	
				LIVE BIRTHS			STILLBIRTHS			Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week											
		Census, 1961	Est. Home, at 30th June, 1967	Number registered		Crude rate per 1,000 pop'n	Ratio adj-usted rate to E.&W.	Number registered		Still-birth rate per 1,000 total births	M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj-usted rate to E.&W.		M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births			
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total				
Church ...	528	5,888	5,850	L. 49 I. 6	33 2	90	15.4	0.94	2	34	28	62	10.6	1.14	2	—	4	44	L. 1 I. 1	1	—	2	22	L. 1 I. 1	2	22	43
Clayton-le-Moors ...	1,060	6,421	6,340	L. 46 I. 2	52 2	102	16.1	1.00	4	54	42	96	15.1	1.44	2	—	2	20	L. 2 I. 1	2	—	2	20	L. 2 I. 1	2	20	57
Clltheroe (B) ...	2,386	12,158	12,640	L. 111 I. 4	79 3	197	15.6	1.06	6	97	106	203	16.1	1.16	4	2	6	30	L. 3 I. 1	3	—	3	15	L. 3 I. 1	3	15	44
Colne (B) ...	5,939	19,430	18,850	L. 119 I. 22	125 23	289	15.3	1.08	2	129	158	287	15.2	1.28	3	5	8	28	L. 1 I. 1	3	—	4	14	L. 1 I. 1	2	7	14
Crompton ...	2,865	12,708	15,140	L. 174 I. 8	130 11	323	21.3	1.41	1	95	101	196	12.9	1.24	5	—	5	15	L. 3 I. 1	—	—	3	9	L. 1 I. 1	1	3	6
Crosby (B) ...	4,785	59,166	59,650	L. 478 I. 32	435 28	973	16.3	0.98	8	377	408	785	13.2	1.12	9	7	19	20	L. 7 I. 2	5	4	12	15	L. 5 I. 2	4	12	20
Dalton-in-Furness ...	8,022	10,316	10,900	L. 117 I. 4	81 5	207	19.0	1.16	5	81	63	144	13.2	1.25	1	2	3	14	L. 1 I. 1	1	—	2	10	L. 1 I. 1	2	10	33
Darwen (B) ...	5,959	29,475	28,810	L. 234 I. 26	232 23	515	17.9	1.16	6	199	218	417	14.5	1.28	5	2	10	19	L. 4 I. 1	2	2	9	17	L. 4 I. 1	2	9	29
Denton ...	2,593	31,089	37,900	L. 336 I. 23	302 9	670	17.7	1.02	13	221	220	441	11.6	1.46	6	3	9	13	L. 6 I. 1	1	—	7	10	L. 6 I. 1	1	7	29
Droylsden ...	1,245	25,461	25,340	L. 206 I. 11	206 12	435	17.2	1.02	10	144	143	287	11.3	1.27	5	5	10	23	L. 5 I. 1	3	—	8	18	L. 3 I. 1	3	6	36
Eccles (B) ...	3,417	43,173	41,400	L. 325 I. 32	253 21	631	15.2	0.92	9	300	302	602	14.5	1.24	10	7	20	32	L. 4 I. 1	3	2	10	16	L. 4 I. 1	3	10	30
Fallsworth ...	1,679	19,819	22,520	L. 253 I. 12	224 11	500	22.2	1.23	6	125	113	238	10.6	1.14	2	5	8	16	L. 2 I. 1	3	—	6	12	L. 1 I. 1	3	5	22
Farnworth (B) ...	1,504	27,502	26,700	L. 208 I. 13	233 22	476	17.8	1.14	6	188	238	426	16.0	1.31	2	1	5	11	L. 2 I. 1	2	1	4	8	L. 2 I. 1	1	4	21
Fleetwood (B) ...	2,565	27,686	28,630	L. 215 I. 20	200 19	454	15.9	0.97	7	174	179	353	12.3	1.13	2	4	6	13	L. 2 I. 1	2	1	3	7	L. 2 I. 1	1	3	22
Formby ...	5,613	11,734	19,060	L. 221 I. 6	213 4	444	23.3	2.00	2	77	83	160	8.4	0.74	—	2	3	7	L. — I. 1	—	2	2	5	L. — I. 1	2	2	9
Fulwood ...	3,164	16,016	18,960	L. 157 I. 10	132 10	309	16.3	0.96	3	150	160	310	16.4	0.78	5	4	10	32	L. 5 I. 1	3	—	9	29	L. 5 I. 1	3	9	38

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1967	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one per 1,000 total births					
				LIVE BIRTHS				STILLBIRTHS				Number registered				Crude rate per 1,000 pop'n				Ratio adj- usted rate to E.&W.									
		Census, 1961	Est. Home, at 30th June, 1967	Number registered		Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	Number registered		Still- birth rate per 1,000 total births	M.	F.	Total	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.		Total				
								M.	F.	Total																			
Golborne ...	7,567	21,310	26,100	L. 14	258	252	539	20.7	1.12	L. 1	6	5	12	22	99	124	223	8.5	1.11	L. 1	2	7	10	19	L. 1	4	6	11	33
Grange ...	1,883	3,125	3,020	L. 8	14	14	24	7.9	0.98	L. 1	1	—	1	40	32	40	72	23.8	0.96	L. 1	—	—	—	—	L. 1	—	—	—	40
Great Harwood ...	2,868	10,718	10,620	L. 88	73	73	169	15.9	1.01	L. 1	—	1	1	6	78	79	157	14.8	1.24	L. 1	—	1	1	6	L. 1	—	—	—	6
Haslingden (B) ...	8,203	14,360	14,150	L. 11	104	104	243	17.2	1.12	L. 3	6	—	9	36	117	130	247	17.5	1.47	L. 3	—	1	4	16	L. 1	1	2	8	44
Haydock ...	2,395	12,074	12,600	L. 105	101	101	215	17.1	0.94	L. 2	1	—	3	14	92	80	172	13.7	1.27	L. 1	—	4	4	19	L. 1	4	4	19	32
Heywood (B) ...	8,508	24,090	30,400	L. 276	219	219	552	18.2	0.99	L. 7	4	2	13	23	192	167	359	11.8	1.34	L. 7	1	3	12	22	L. 5	3	8	14	37
Hindley ...	2,610	19,396	21,900	L. 224	208	208	452	20.6	1.22	L. 4	6	—	10	22	148	117	265	12.1	1.26	L. 11	—	2	13	29	L. 6	—	6	13	35
Horwich ...	3,257	16,078	16,280	L. 138	115	115	269	16.5	1.04	L. 3	—	—	3	11	106	106	212	13.0	1.18	L. 2	—	—	2	7	L. 1	—	—	—	11
Huyton-with-Roby ...	3,055	63,089	69,180	L. 580	535	535	1,216	17.6	0.93	L. 10	7	—	19	15	308	280	588	8.5	1.28	L. 10	1	16	28	23	L. 7	10	17	14	29
Ince-in-Makerfield ...	2,321	18,019	17,300	L. 142	158	158	319	18.4	1.10	L. 2	5	—	7	21	120	97	217	12.5	1.41	L. 4	2	7	22	L. 3	1	5	16	37	
Irlam ...	4,717	15,371	17,940	L. 163	181	181	360	20.1	1.29	L. 3	1	—	4	11	101	88	189	10.5	1.19	L. 2	1	3	8	L. 1	1	2	6	16	
Kearsley ...	1,727	10,296	11,510	L. 118	102	102	237	20.6	1.31	L. 4	1	—	5	21	60	54	114	9.9	1.01	L. 3	1	5	21	L. 2	1	4	17	37	
Kirkby ...	4,672	52,088	63,800	L. 527	495	495	1,122	17.6	1.00	L. 8	13	3	24	21	164	159	323	5.1	1.47	L. 11	2	13	24	24	L. 8	7	18	16	37
Kirkham ...	939	4,819	6,370	L. 31	48	48	90	14.1	0.87	L. 1	—	—	1	11	32	41	73	11.5	1.40	L. 1	2	—	2	22	L. 1	2	2	22	33
Lancaster (B) ...	5,101	48,253	47,060	L. 326	351	351	756	16.1	1.04	L. 10	2	—	12	16	326	378	704	15.0	1.00	L. 8	2	3	16	21	L. 5	3	11	15	30
Lees ...	288	3,730	3,700	L. 37	21	21	65	17.6	1.26	L. 1	—	—	—	nil	40	40	80	21.6	1.20	L. 2	—	1	3	46	L. 2	—	2	31	31

I.—Illegitimate.

L.—Legitimate.

TABLE 2—continued

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1967	POPULATION AT ALL AGES		BIRTHS						DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
				LIVE BIRTHS			STILLBIRTHS			Number registered		Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	Deaths of infants under one year			Deaths of infants under four weeks			Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
		M.	F.	Total	Number registered	Number registered		Still- birth rate per 1,000 total births	M.	F.	Total			M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total		Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1967	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births								
				LIVE BIRTHS			STILLBIRTHS	Number registered			Ratio adj-usted rate to E.&W.	Deaths of infants under one year			Deaths of infants under four weeks			Deaths of infants under one week														
		Census, 1961	Est. Home, at 30th June, 1967	Number registered		Crude rate per 1,000 pop'n	Ratio adj-usted rate to E.&W.	Still-birth rate per 1,000 total births	M.	F.	Total	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total										
				M.	F.																		Total		M.	F.	Total	M.	F.	Total		
Padham ...	975	9,899	10,200	L. I.	88 8	83 8	18.3	1.18	L. I.	— 1	— 1	1	1.39	15.7	1.39	L. I.	4 1	5 —	10 —	5.3	L. I.	2 1	3 —	6 —	32	27	5 —	2 —	L. I.	2 1	3 —	32
Poulton-le-Fylde ...	2,272	12,726	15,380	L. I.	108 8	98 7	15.9	0.94	L. I.	2 —	— —	2	1.24	13.8	1.24	L. I.	4 —	2 —	6 —	2.4	L. I.	3 —	2 —	6 —	2.4	20	5 —	2 —	L. I.	3 —	4 —	28
Preesall ...	3,277	2,857	3,330	L. I.	18 3	14 —	10.5	1.11	L. I.	1 —	— —	1	1.05	20.7	1.05	L. I.	— —	— —	— —	nil	L. I.	— —	— —	— —	nil	nil	— —	— —	L. I.	— —	— —	28
Prescot ...	871	13,079	13,370	L. I.	130 8	79 4	17.9	0.99	L. I.	3 —	— —	4	1.30	12.1	1.30	L. I.	5 —	2 —	7 —	2.9	L. I.	3 —	1 —	4 —	17	17	4 —	1 —	L. I.	3 —	4 —	33
Prestwich (B)	2,421	34,209	33,480	L. I.	182 12	243 16	12.7	0.79	L. I.	3 2	— —	7	0.98	14.7	0.98	L. I.	4 —	3 —	7 —	17	L. I.	4 —	3 —	7 —	17	17	7 —	3 —	L. I.	4 —	7 —	32
Radclyffe (B)	4,957	26,726	27,610	L. I.	200 19	188 12	19.6	1.22	L. I.	3 —	— —	8	1.18	12.5	1.18	L. I.	6 1	5 1	13 1	2.4	L. I.	5 —	4 —	11 —	20	17	9 —	4 —	L. I.	4 —	9 —	31
Rainford ...	5,877	5,385	6,580	L. I.	77 —	22 1	21.1	1.19	L. I.	2 1	— —	5	1.00	8.1	1.00	L. I.	1 —	2 —	3 —	2.2	L. I.	— —	— —	1 —	7	7	1 —	1 —	L. I.	— —	1 —	42
Ramsbottom ...	9,562	13,817	14,450	L. I.	121 7	96 9	17.4	1.13	L. I.	— —	— —	—	1.19	13.6	1.19	L. I.	4 1	1 1	7 —	2.8	L. I.	4 —	1 —	7 —	2.8	2.8	7 —	1 —	L. I.	4 —	7 —	28
Rawtenstall (B)	9,523	28,890	22,630	L. I.	149 13	194 12	13.7	0.88	L. I.	3 —	— —	5	1.28	15.6	1.28	L. I.	3 1	3 —	7 —	2.3	L. I.	2 —	1 —	4 —	1.3	1.3	4 —	1 —	L. I.	2 —	4 —	29
Rishton ...	2,879	5,433	5,530	L. I.	37 2	44 1	15.4	1.01	L. I.	— —	— —	2	1.47	17.5	1.47	L. I.	— —	1 —	1 —	1.2	L. I.	— —	— —	1 —	1.2	1.2	1 —	1 —	L. I.	1 —	1 —	34
Royston ...	2,148	14,474	17,610	L. I.	187 11	97 9	19.6	1.33	L. I.	1 —	— —	5	1.25	11.8	1.25	L. I.	3 —	3 1	7 —	2.0	L. I.	3 —	1 —	5 —	1.4	1.4	5 —	1 —	L. I.	3 —	5 —	28
Skelmersdale ...	1,941	6,809	9,390	L. I.	113 4	52 6	23.7	1.14	L. I.	2 —	— —	3	1.39	10.1	1.39	L. I.	5 —	1 —	6 —	2.7	L. I.	4 —	1 —	5 —	2.2	2.2	5 —	1 —	L. I.	3 —	4 —	31
Standish-with-Langtree	3,266	9,992	10,620	L. I.	111 1	68 1	18.5	1.05	L. I.	1 —	— —	2	1.30	12.2	1.30	L. I.	— —	2 —	2 —	1.0	L. I.	— —	— —	2 —	1.0	1.0	2 —	2 —	L. I.	— —	2 —	20
Stretford (B)	3,583	60,364	60,010	L. I.	482 74	328 83	17.9	1.06	L. I.	7 —	— —	12	1.24	11.6	1.24	L. I.	13 2	9 2	26 —	2.4	L. I.	9 —	9 —	21 —	2.0	2.0	9 —	7 —	L. I.	8 —	17 —	27
Swinton and Pendlebury (B)	3,362	40,470	40,760	L. I.	314 21	243 23	15.6	0.93	L. I.	6 1	— —	12	1.24	12.1	1.24	L. I.	7 —	3 —	10 —	1.6	L. I.	6 —	3 —	9 —	1.4	1.4	9 —	3 —	L. I.	6 —	9 —	32
Thornton Cleveleys	3,853	20,648	24,480	L. I.	183 16	187 13	16.2	1.29	L. I.	1 1	— —	5	0.91	16.7	0.91	L. I.	3 —	6 —	9 —	2.3	L. I.	3 —	4 —	7 —	1.8	1.8	7 —	6 —	L. I.	3 —	6 —	27

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1967	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births				
				LIVE BIRTHS				STILLBIRTHS				Number registered				Deaths of infants under one year				Deaths of infants under four weeks								
		Census, 1961	Est. Home, 30th June, 1967	Number registered		Crude rate per 1,000 pop'n	Ratio adj-usted rate to E.&W.	Number registered		Still-birth rate per 1,000 total births	M.		F.		Total		Rate per 1,000 live births	M.		F.		Total	Rate per 1,000 live births					
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total					
Tottington ...	2,542	5,649	6,750	L. I.	59 3	52 3	117	17·3	1·26	L. I.	1 —	2 —	17	43	64	107	15·9	1·18	L. I.	— —	1 —	1 —	9	L. I.	— —	— —	— —	17
Trawden ...	6,815	1,952	1,850	L. I.	14 1	8 2	25	13·5	0·99	L. I.	— —	— —	nil	17	14	31	16·8	1·43	L. I.	— —	1 —	1 —	40	L. I.	— —	1 —	40	
Turton ...	17,334	13,698	17,870	L. I.	168 6	159 3	336	18·8	1·15	L. I.	2 —	4 —	12	84	80	164	9·2	1·00	L. I.	— —	3 —	3 —	9	L. I.	— —	2 —	6	
Tyldesley ...	5,175	16,813	19,660	L. I.	222 9	190 6	427	21·7	1·39	L. I.	1 2	4 —	9	116	99	215	10·9	1·18	L. I.	6 1	5 —	12 —	28	L. I.	4 1	4 —	21	
Ulverston ...	3,206	10,527	10,560	L. I.	77 4	65 5	151	14·3	0·91	L. I.	1 2	3 —	19	86	105	191	18·1	1·12	L. I.	2 —	2 —	2 —	7	L. I.	1 —	1 —	7	
Up Holland	4,684	7,452	10,530	L. I.	103 2	105 2	212	20·1	1·34	L. I.	4 —	4 —	19	45	39	84	8·0	1·10	L. I.	1 —	2 —	3 —	14	L. I.	— —	1 —	5	
Urmston ...	4,799	43,068	43,300	L. I.	336 28	337 20	721	16·7	0·92	L. I.	3 —	10 3	14	222	239	461	10·6	1·15	L. I.	9 1	9 1	20	28	L. I.	5 1	9 1	22	
Walton-le-Dale ...	4,733	18,964	24,350	L. I.	274 9	325 2	610	25·1	1·31	L. I.	5 —	9 —	15	114	139	253	10·4	1·11	L. I.	3 —	4 —	7 —	11	L. I.	2 —	4 —	10	
Wardle ...	3,192	4,608	4,700	L. I.	42 6	51 2	101	21·5	1·29	L. I.	2 —	3 —	29	25	42	67	14·3	0·87	L. I.	— —	1 —	1 —	10	L. I.	— —	1 —	10	
Westhoughton ...	5,560	16,260	17,330	L. I.	147 6	133 8	294	17·0	0·98	L. I.	3 —	5 —	17	107	104	211	12·2	1·13	L. I.	6 —	4 —	10 —	34	L. I.	5 —	2 —	24	
Whitefield ...	3,391	14,372	18,290	L. I.	168 16	174 9	367	20·1	0·99	L. I.	3 —	7 —	19	105	90	195	10·7	1·33	L. I.	1 1	3 —	5 —	14	L. I.	1 1	1 —	8	
Whitworth ...	4,483	7,064	7,210	L. I.	78 9	72 8	167	23·2	1·36	L. I.	— —	— —	nil	46	41	87	12·1	1·23	L. I.	— —	1 —	1 —	6	L. I.	— —	— —	nil	
Widnes (B)	5,746	52,186	54,600	L. I.	511 39	488 42	1,080	19·8	1·08	L. I.	8 1	24 2	22	289	277	566	10·4	1·23	L. I.	11 1	9 1	22	20	L. I.	8 1	4 1	13	
Withnell ...	4,186	2,849	2,900	L. I.	23 —	17 4	44	15·2	1·09	L. I.	— —	1 —	22	28	12	40	13·8	1·08	L. I.	2 —	1 —	3 —	68	L. I.	2 —	1 —	68	
Worsley ...	7,240	40,393	48,750	L. I.	409 37	388 28	862	17·7	1·19	L. I.	9 2	19 1	22	267	201	468	9·6	1·23	L. I.	11 —	4 —	15 —	17	L. I.	7 —	1 —	9	
Total Urban Districts	379,740	1,875,289	1,999,010	L. I.	16,907 1,293	15,715 1,192	35,107	17·56	1·06	L. I.	287 25	564 27	15·8	12,418	12,325	24,743	12·38	1·18	L. I.	362 36	281 29	708	20·2	L. I.	264 29	184 24	14·3	

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

RURAL DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY			NEO-NATAL MORTALITY			EARLY NEO-NATAL MORTALITY			Stillbirths and deaths of infants under one week per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
			LIVE BIRTHS		STILLBIRTHS		Number registered		Ratio adj- usted rate to E.&W.		Deaths of infants under one year			Deaths of infants under four weeks			Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	Census, 1961	Est. Home, 30th June, 1967									Number registered		Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	M.	F.	Total	Rate per 1,000 live births	M.		F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
			M.	F.	Total	M.	F.	Total	M.	F.	Total	M.																F.	Total	M.	F.	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	Acreage (land and water) at 31st Dec. 1967																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

L.—Legitimate. I.—Illegitimate.

TABLE 2—continued

TOTALS	Acreage (land and inland water) at 31st Dec. 1967	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY			NEO-NATAL MORTALITY			EARLY NEO-NATAL MORTALITY			PERINATAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
				LIVE BIRTHS			STILLBIRTHS			Number registered		Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		M.	F.	Total	Crude rate per 1,000 pop'n	Ratio adj- usted rate to E.&W.	Still- birth rate per 1,000 total births	M.	F.	Total	M.			F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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		Census, 1961	Est. Home, at 30th June, 1967																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

L.—Legitimate.

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TABLE 3—COMPARABILITY FACTORS RELATIVE TO EACH COUNTY DISTRICT FOR USE IN THE ADJUSTMENT
OF THE CRUDE BIRTH AND DEATH RATES, 1967

(For explanations see pages 18 and 20, and for adjusted rates, Table 2, page 138)

Urban Districts	Comparability Factor		Urban Districts	Comparability Factor	
	Births	Deaths		Births	Deaths
Abram	1.00	1.39	Mossley (B)	1.15	1.06
Accrington (B)	1.13	0.93	Nelson (B)	1.14	0.89
Adlington	1.00	1.06	Newton-le-Willows	1.01	1.15
Ashton-in-Makerfield	0.95	1.20	Ormskirk	1.09	1.07
Ashton-under-Lyne (B)	1.08	1.01	Orrell	0.97	1.22
Aspull	0.98	1.38	Oswaldtwistle	1.10	0.99
Atherton... ..	1.04	0.90	Padiham	1.11	0.99
Audenshaw	1.03	1.10	Poulton-le-Fylde	1.02	1.01
Bacup (B)	1.06	1.09	Preesall	1.82	0.57
Barrowford	1.25	0.80	Prescot	0.95	1.20
Billinge and Winstanley	0.75	1.18	Prestwich (B)	1.07	0.75
Blackrod... ..	0.90	1.31	Radcliffe (B)	1.07	1.06
Brierfield	1.11	1.02	Rainford	0.97	1.38
Carnforth	1.04	1.15	Ramsbottom	1.12	0.98
Chadderton	0.99	1.13	Rawtenstall (B)... ..	1.10	0.92
Chorley (B)	1.07	0.98	Rishton	1.13	0.94
Church	1.05	1.20	Royton	1.17	1.19
Clayton-le-Moors	1.07	1.07	Skelmersdale	0.83	1.54
Clitheroe (B)	1.17	0.81	Standish-with-Langtree	0.98	1.19
Colne (B)	1.21	0.94	Stretford (B)	1.02	1.20
Crompton	1.14	1.08	Swinton and Pendlebury (B)	1.02	1.15
Crosby (B)	1.03	0.95	Thornton Cleveleys	1.37	0.61
Dalton-in-Furness	1.05	1.06	Tottington	1.25	0.83
Darwen (B)	1.11	0.99	Trawden	1.26	0.95
Denton	0.99	1.41	Turton	1.05	1.22
Droylsden	1.02	1.26	Tyldesley	1.10	1.21
Eccles (B)	1.04	0.96	Ulverston	1.09	0.69
Failsworth	0.95	1.20	Up Holland	1.15	1.54
Farnworth (B)	1.10	0.92	Urmston	0.95	1.21
Fleetwood (B)	1.05	1.03	Walton-le-Dale	0.90	1.20
Formby	1.48	0.99	Wardle	1.03	0.68
Fulwood	1.01	0.53	Westhoughton	0.99	1.04
Golborne... ..	0.93	1.46	Whitefield	0.85	1.39
Grange	2.13	0.45	Whitworth	1.01	1.14
Great Harwood	1.09	0.94	Widnes (B)	0.94	1.32
Haslingden (B)	1.12	0.94	Withnell	1.23	0.88
Haydock... ..	0.95	1.04	Worsley	1.16	1.44
Heywood (B)	0.94	1.27			
Hindley	1.02	1.17	Rural Districts		
Horwich	1.08	1.02	Blackburn	0.93	1.12
Huyton-with-Roby	0.91	1.68	Burnley	1.14	0.88
Ince-in-Makerfield	1.03	1.26	Chorley	1.07	1.07
Irlam	1.10	1.27	Clitheroe... ..	1.26	1.00
Kearsley	1.09	1.14	Fylde	0.98	0.83
Kirkby	0.98	3.22	Garstang... ..	1.16	1.02
Kirkham... ..	1.06	1.36	Lancaster	1.18	0.74
Lancaster (B)	1.11	0.75	Lunesdale	1.09	0.98
Lees	1.23	0.62	North Lonsdale	1.17	0.83
Leigh (B)	1.10	1.15	Preston	1.08	0.80
Leyland	0.97	1.34	Warrington	0.88	1.00
Litherland	0.97	1.44	West Lancashire	0.85	1.30
Littleborough	1.07	1.08	Whiston	0.75	1.55
Little Lever	1.09	1.30	Wigan	0.88	1.35
Longridge	1.16	1.32			
Lytham St. Annes (B)	1.25	0.66	Aggregate—Urban Districts	1.04	1.07
Middleton (B)	0.97	1.50	Aggregate—Rural Districts	0.94	1.06
Milnrow	1.13	0.96	Administrative County	1.03	1.07
Morecambe and Heysham (B)... ..	1.26	0.70			

TABLE 4—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1967

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																				
		Tuberculosis, respiratory, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war		
										Stomach	Lung, bronchus	Breast	Uterus																									
Abram ...	78	1	—	—	—	—	—	—	—	3	1	4	—	5	1	—	12	15	2	5	2	—	4	7	2	—	—	2	3	3	—	—	—	3	2	3	1	—
Accrington (B)...	539	1	2	—	—	—	—	—	1	16	19	11	2	41	2	6	80	133	10	62	27	1	25	29	5	4	2	2	30	5	—	5	30	5	9	5	2	
Adlington ...	69	—	1	—	—	—	—	—	—	1	3	—	—	7	—	—	15	17	2	7	2	1	—	2	1	—	—	—	1	—	1	5	1	1	1	—	—	
Ashton-in-Makerfield ...	282	1	—	—	1	—	—	—	—	7	12	4	—	18	2	2	39	52	5	44	11	1	15	14	2	4	1	1	24	2	3	24	2	12	5	—	—	
Ashton-under-Lyne (B)	672	1	—	—	—	—	—	—	—	13	36	7	6	66	4	5	83	130	7	65	22	1	63	73	4	6	2	2	41	7	41	13	8	4	2	—	—	
Aspull ...	75	—	—	—	—	—	—	—	—	1	6	1	1	6	—	1	10	13	—	11	2	2	3	10	—	—	—	2	4	—	1	4	—	—	1	—	—	
Atherton ...	289	1	—	—	—	1	—	—	—	6	11	6	—	21	—	2	47	48	4	42	10	8	29	7	1	—	—	3	21	3	4	21	3	11	3	—	—	
Audenshaw ...	167	—	—	—	—	—	—	—	—	2	5	4	—	18	—	1	35	31	3	15	6	1	14	8	2	1	2	—	14	—	3	14	—	1	1	—	—	
Bacup (B)	193	1	—	—	1	—	—	—	1	3	9	2	—	10	—	3	29	45	4	29	4	—	9	10	—	3	—	2	1	15	—	1	15	—	7	4	—	—
Barrowford ...	67	—	—	—	—	—	—	—	—	—	2	2	—	6	—	—	10	22	—	7	2	—	2	2	—	1	—	1	2	3	2	3	2	2	2	—	—	
Billinge and Winstanley	105	—	—	—	—	—	—	—	—	—	2	1	—	9	—	3	23	11	—	9	4	1	9	7	3	—	2	1	13	1	13	1	3	2	3	2	—	—
Blackrod ...	49	—	—	—	—	—	—	—	—	—	5	2	—	5	—	—	7	10	—	5	—	—	1	3	—	—	—	—	3	3	3	3	1	3	—	—	—	
Brierfield ...	99	1	—	—	—	—	—	—	—	3	5	2	1	8	1	—	18	20	1	10	4	—	4	9	1	—	—	1	4	1	1	4	1	1	1	—	—	
Carnforth ...	31	—	—	—	—	—	—	—	—	1	1	—	1	4	—	—	5	11	1	6	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Chadderton ...	420	1	2	—	—	—	—	—	—	13	20	4	4	32	2	3	50	73	6	50	23	4	36	40	3	2	2	3	25	9	2	25	9	4	2	1	—	
Chorley (B)	444	1	—	—	—	—	—	—	1	7	16	9	3	32	4	—	78	98	4	38	24	5	22	31	6	4	1	4	26	10	11	6	2	10	11	6	—	
Church ...	62	—	—	—	—	—	—	—	—	1	4	1	—	8	1	—	10	16	1	3	2	—	3	—	—	—	—	2	6	2	2	6	2	—	1	—	—	
Clayton-le-Moors	96	—	—	—	—	—	—	—	—	3	3	3	1	10	—	2	8	23	1	11	8	—	4	6	1	—	—	1	8	1	1	8	1	1	1	—	—	
Clitheroe (B)	203	1	—	—	—	—	—	—	—	6	4	2	1	19	1	2	36	40	2	25	9	—	14	7	2	1	1	1	22	2	2	22	2	3	4	7	—	
Colne (B)	287	—	—	—	—	—	—	—	—	5	12	5	2	26	—	3	63	66	2	19	15	—	11	16	3	2	2	1	15	5	1	15	5	4	7	—	—	
Crompton ...	196	—	—	—	—	—	—	1	—	5	5	2	1	13	1	2	31	40	6	26	6	—	13	16	1	3	—	—	2	1	12	1	1	7	—	—	—	
Crosby (B)	785	5	—	—	—	—	—	—	1	23	41	11	3	67	1	3	100	171	17	109	37	3	32	49	4	4	1	5	51	7	21	5	7	21	5	1	—	
Dalton-in-Furness	144	3	—	—	—	—	—	—	—	—	7	—	—	13	—	1	20	47	1	19	5	—	5	6	—	1	—	—	2	9	—	9	—	3	2	—	—	
Darwen (B)	417	1	—	—	—	—	—	—	—	17	22	8	3	42	2	3	58	91	5	40	20	1	26	26	2	2	1	1	24	5	7	24	5	7	6	—	—	

TABLE 4—continued

URBAN DISTRICTS		Total No. of deaths from all causes		MORTALITY FROM SUBORNED CAUSES																																			
				Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant neoplasms and lymphatic leukaemia	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, abortion, childbirth, malformations	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
													Stomach	Lung, bronchus	Breast	Uterus																							
Denton	1	—	—	—	—	—	—	16	25	9	1	47	1	1	71	97	2	56	14	1	28	19	—	4	2	4	1	—	3	28	4	5	—	—		
Droylsden	—	—	—	—	—	—	—	5	15	12	3	29	1	—	34	41	6	29	11	2	22	25	3	2	5	—	4	—	—	4	27	2	2	—	—	
Eccles (B)	—	—	1	—	—	—	2	9	33	10	4	68	2	2	89	111	6	79	37	2	18	44	5	3	1	4	—	—	4	36	10	14	3	—	—	
Failsworth	1	—	—	—	—	—	—	5	18	3	—	28	3	2	17	51	1	16	10	—	32	11	1	2	2	—	—	3	2	43	7	11	2	—	—	
Farnworth (B)	—	—	—	—	—	—	2	4	26	7	5	34	1	3	42	65	4	60	23	1	6	19	1	2	2	—	—	—	—	2	23	5	6	1	—	
Fleetwood (B)	—	—	—	—	—	1	1	3	9	2	1	17	2	—	26	40	2	17	7	—	4	10	1	1	—	—	1	—	—	8	—	3	—	—	—	
Formby...	—	—	1	—	—	—	—	7	14	2	2	18	1	2	47	83	5	39	12	—	9	14	5	—	1	—	—	—	—	30	4	7	—	—		
Fulwood	1	—	—	—	—	—	—	1	7	9	1	33	1	2	27	46	2	33	8	3	14	4	2	2	2	2	1	1	1	17	1	3	1	—	—	
Golborne	—	—	—	—	—	—	—	1	1	4	1	5	—	—	13	21	—	14	—	—	4	1	—	2	—	—	—	—	2	—	—	—	—	—	—	
Grange	—	—	—	—	—	—	—	3	6	—	1	12	—	1	25	46	—	25	8	1	4	7	—	—	1	—	—	—	1	10	—	4	1	1	—	
Great Harwood	—	—	—	—	—	—	—	8	10	2	—	30	2	3	37	49	3	29	11	—	13	20	3	—	2	2	1	1	1	11	1	5	2	—	—	
Haslingden (B)	3	—	—	—	—	—	—	6	8	1	—	17	—	1	34	16	8	40	6	2	4	10	1	—	—	—	—	—	—	8	1	6	1	—	—	
Haydock	1	—	—	—	—	—	—	11	16	4	3	34	2	3	50	60	2	40	24	—	12	30	6	5	2	2	1	1	—	4	28	8	7	2	—	—
Heywood (B)	2	—	—	—	—	—	1	12	8	1	2	19	3	1	53	55	6	26	8	1	14	18	9	—	2	2	1	1	—	3	9	2	8	2	—	—
Hindley...	1	—	—	—	—	—	—	4	10	6	1	13	1	2	34	44	2	22	12	—	12	18	2	1	1	1	1	1	—	—	4	5	9	4	—	—
Horwich	1	—	—	—	—	1	—	15	33	9	7	59	1	3	62	132	6	48	20	2	46	41	2	1	1	1	1	—	13	45	13	16	2	—	—	
Huyton-with-Roby	—	1	—	—	—	—	—	5	6	1	2	19	1	1	30	36	4	32	16	—	8	21	1	2	—	1	2	—	1	21	3	4	—	—	—	
Ince-in-Makerfield	—	—	—	—	—	—	—	5	15	3	2	13	1	—	30	49	1	18	12	1	6	8	1	—	1	1	1	—	—	12	3	6	—	—	—	
Irlam	—	—	—	—	—	—	—	1	6	2	—	17	—	—	17	25	2	6	8	—	6	7	1	—	—	—	2	—	—	9	—	2	—	—	—	
Kearsley	—	—	—	—	—	—	—	6	23	3	7	31	4	3	26	61	1	19	8	—	19	30	4	2	1	1	2	—	10	31	11	10	—	—	1	
Kirkby	6	—	2	—	—	—	—	2	2	3	—	9	—	—	9	11	—	7	5	—	2	3	1	—	—	—	—	—	3	10	3	—	—	—	—	
Kirkham	—	—	—	—	—	—	—	2	2	3	—	9	—	—	9	11	—	—	—	—	2	3	3	1	—	—	—	—	—	3	10	3	—	1	—	—
Lancaster (B)	2	—	2	—	—	—	3	20	30	10	9	50	3	3	102	168	10	35	25	2	89	33	6	3	4	—	6	3	4	50	7	21	3	1	—	—
Lees	—	—	—	—	—	—	—	—	5	—	—	7	—	11	8	—	11	8	—	—	5	14	—	—	—	—	—	—	—	6	1	1	1	—	—	—

MORTALITY FROM SUBJOINED CAUSES

URBAN DISTRICTS		Total No. of deaths from all causes	Tuberculosis, respiratory,	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia,	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war				
												Stomach	Lung, bronchus	Breast	Uterus																											
Leyland	—	—	—	—	—	—	—	—	—	4	12	5	2	15	3	—	35	51	5	35	14	2	5	27	2	2	2	1	2	1	2	—	—	—	—	—	4	4	5	—
Litherland	1	1	—	—	—	—	—	—	—	6	19	3	—	22	3	—	30	50	4	32	5	3	3	16	14	2	2	—	—	—	—	1	—	—	3	7	—	—		
Littleborough	—	—	—	—	—	—	—	—	—	5	4	8	2	11	—	1	19	21	1	30	3	—	10	8	2	2	1	1	1	1	—	1	6	7	1	3	1	—		
Little Lever	—	—	—	—	—	—	—	—	—	2	2	1	1	9	—	—	11	8	5	5	2	—	2	4	1	1	1	1	1	—	1	7	—	2	—	—	—	—		
Longridge	—	—	—	—	—	—	—	—	—	—	4	—	—	4	—	1	7	13	1	6	—	—	3	4	—	—	—	—	—	1	—	—	7	—	—	1	—			
Lytham St. Annes (B)	—	—	—	—	—	1	—	—	2	13	21	5	5	63	6	3	126	142	5	84	43	1	12	14	1	1	6	3	3	4	—	2	46	6	17	3	—			
Middleton (B)	—	—	1	—	—	—	—	—	—	13	32	11	1	58	3	3	62	139	3	55	18	1	34	32	6	4	4	2	1	—	1	35	5	6	11	1	—			
Milnrow	—	—	—	—	—	—	—	—	—	3	10	1	1	16	1	1	15	23	—	12	5	—	5	7	—	—	1	—	—	—	1	6	1	4	1	—				
Morecambe & Heysham (B)	3	—	—	—	—	—	—	—	—	12	30	14	5	65	2	8	106	215	9	59	34	3	27	28	12	5	5	4	4	4	—	2	53	6	19	6	—			
Mossley (B)	1	—	—	—	—	—	—	—	—	3	4	1	3	10	1	3	9	26	—	15	7	—	10	5	4	—	—	—	—	—	1	10	2	—	1	—				
Nelson (B)	—	—	1	—	—	—	—	—	—	12	12	10	1	40	3	2	77	88	5	61	17	—	13	34	—	5	2	3	—	—	3	26	9	12	4	1	—			
Newton-le-Willows	3	—	1	—	—	—	—	—	2	3	16	5	1	21	1	2	33	48	11	46	14	1	11	18	—	—	2	2	2	2	—	11	5	1	1	—				
Ormskirk	1	—	—	—	—	—	—	—	—	6	9	2	1	30	—	3	53	51	5	25	8	—	18	14	6	—	—	2	2	2	2	3	17	5	7	—	—			
Orrell	—	—	—	—	—	—	—	—	—	4	5	3	1	8	2	—	19	33	5	20	2	1	4	8	1	—	—	—	—	—	—	6	2	6	3	1	—			
Oswaldtwistle	1	—	—	—	—	1	—	—	1	5	5	5	1	17	1	—	20	45	3	24	8	1	10	8	1	—	—	—	—	—	1	11	—	—	6	2	—			
Padiham	—	—	1	—	—	—	—	—	—	1	4	—	—	10	1	1	26	35	3	16	7	—	7	13	1	—	—	—	—	—	2	17	3	4	3	—				
Poulton-le-Fylde	1	—	1	—	—	—	—	—	—	4	14	2	2	24	—	3	38	50	1	19	8	—	8	5	6	1	1	—	—	—	2	16	2	3	1	—				
Preesall	—	—	—	—	—	—	—	—	—	—	7	2	1	8	—	1	11	14	—	7	3	1	1	1	4	—	—	—	—	—	7	—	—	—	—	—				
Prescot	—	—	—	—	—	—	—	—	—	6	3	3	—	12	1	1	22	32	3	12	9	1	16	20	2	2	2	—	—	—	1	12	1	1	2	—				
Prestwich (B)	2	—	2	—	—	—	—	—	—	8	16	7	3	33	2	4	70	98	9	94	19	3	24	27	3	5	2	2	1	—	2	37	7	7	4	—				
Radcliffe (B)	1	1	—	—	—	—	—	—	—	10	10	4	4	33	3	2	52	76	1	43	29	1	11	20	—	1	—	—	—	—	4	25	1	9	2	—				
Rainford	—	—	—	—	—	—	—	—	—	1	4	1	—	1	1	—	3	10	2	4	3	—	4	4	1	—	—	—	—	1	9	1	3	—	—	—				
Ramsbottom	—	—	1	—	—	—	—	—	—	1	7	2	—	14	1	2	39	44	2	29	14	—	9	6	—	—	—	—	—	—	1	14	2	6	—	—				
Rawtenstall (B)	—	—	—	—	—	—	—	—	—	9	8	3	2	24	1	1	83	67	8	56	26	—	14	13	1	5	—	—	—	—	4	12	2	7	4	—				

TABLE 4—continued

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJURED CAUSES																																						
			Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Erythroplasia of prostate	Pregnancy, abortion, childbirth	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war				
	Rishton...	...	97	1	—	—	—	—	—	—	—	—	4	5	3	—	10	—	1	10	25	1	11	6	—	5	3	—	1	—	—	2	—	—	8	—	1	—	—		
	Royston ...	...	207	1	—	—	—	—	—	—	—	—	3	17	3	1	14	2	—	26	31	—	25	7	—	23	24	4	2	2	—	2	—	12	3	4	2	—	—	
	Skelmersdale ...	...	95	1	—	—	—	—	—	—	—	—	4	1	2	—	9	—	1	10	21	1	14	4	—	6	2	—	1	—	—	—	—	10	—	3	—	—	—	
	Standish-with-Langtree	...	130	—	—	—	—	—	—	—	—	—	12	40	12	8	62	4	5	102	169	3	16	4	—	5	5	2	1	—	—	—	—	—	11	1	1	—	—		
	Stretford (B)	699	1	1	1	—	—	—	—	—	2	16	22	5	4	49	2	4	68	116	9	51	23	32	1	11	28	7	5	2	3	3	2	1	7	47	10	6	8	—
	Swinton & Pendlebury (B)	...	494	2	—	1	—	—	—	—	—	—	10	13	3	3	22	3	—	65	90	6	70	20	—	14	18	4	2	2	2	2	2	2	29	7	18	—	—		
	Thornton Cleveleys ...	...	409	—	—	—	—	—	—	—	—	—	10	13	3	3	22	3	—	65	90	6	70	20	—	14	18	4	2	2	2	2	2	2	29	7	18	—	—	
	Tottington ...	...	107	—	—	—	—	—	—	—	—	1	2	6	5	1	11	1	—	15	22	1	20	3	—	3	8	—	2	—	—	—	—	1	2	1	1	—	—	
	Trawden ...	...	31	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	6	12	1	1	—	—	—	2	—	—	—	—	—	—	—	—	1	1	1	—	—	
	Turton	164	1	—	—	—	—	—	—	—	—	4	6	2	2	10	1	2	24	33	3	13	11	—	12	10	1	1	—	—	—	2	2	1	15	3	3	2	—	
	Tyldesley ...	...	215	—	—	—	—	—	—	—	—	—	8	7	3	—	14	1	3	35	42	7	21	17	—	9	4	8	—	—	—	2	2	12	7	7	3	—	—	
	Ulverston ...	...	191	—	—	—	—	—	—	—	—	—	4	5	4	1	17	—	1	54	60	—	5	11	1	6	5	1	1	1	1	1	6	2	6	2	4	—	—	
	Up Holland	84	—	—	—	—	—	—	—	—	—	1	6	2	—	3	2	2	9	17	—	18	1	—	5	3	1	1	—	—	—	1	2	8	2	1	1	—	—	
	Urmston ...	...	461	—	1	—	—	—	—	—	—	—	16	24	11	2	36	5	2	50	128	4	44	30	—	13	24	4	6	2	2	1	1	30	9	8	2	—	—	
	Walton-le-Dale	...	253	—	—	—	—	—	—	—	—	—	5	11	5	1	16	—	4	30	57	3	35	15	4	11	20	3	2	—	—	—	4	17	3	1	1	1	—		
	Wardle ...	...	67	—	—	—	—	—	—	—	—	—	1	—	2	1	7	1	—	6	15	—	14	1	—	7	2	1	—	—	—	1	1	4	1	3	—	—	—	
	Westhoughton ...	...	211	—	—	1	—	—	—	—	—	—	4	4	1	—	23	2	3	27	37	5	42	6	—	11	6	1	1	—	—	—	—	4	23	4	4	—	—	
	Whitefield	...	195	—	—	1	—	—	—	1	—	—	3	9	2	2	22	2	2	37	43	2	9	13	—	5	11	—	3	2	—	—	—	16	3	1	2	1	—		
	Whitworth	...	87	—	—	—	—	—	—	—	—	—	4	5	3	—	6	—	—	8	16	3	9	4	—	2	9	2	2	—	—	—	1	3	—	5	4	—	—		
	Widnes (B)	...	566	2	—	2	—	—	—	1	—	1	16	20	11	3	48	2	6	87	80	9	66	25	3	45	58	3	4	2	1	2	3	41	8	9	2	—	—		
	Withnell	...	40	—	—	—	—	—	—	—	—	—	2	2	—	—	3	—	6	9	1	—	5	—	—	1	3	—	—	—	—	1	5	—	—	1	—	—	—		
	Worsley	...	468	1	—	1	—	—	—	—	1	—	22	15	11	3	31	1	1	66	118	7	42	33	—	20	28	6	2	—	—	—	2	28	8	8	4	—	—		
	Total Urban Districts...	...	24,743	72	6	35	—	1	5	4	29	585	1090	398	156	2181	123	165	3623	5285	355	2866	1153	91	1310	1496	230	166	114	144	76	6	203	1717	328	517	197	16			

TABLE 4—continued

RURAL DISTRICTS		Total No. of deaths from all causes		MORTALITY FROM SUBJOINED CAUSES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
				Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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Blackburn

TABLE 5—CAUSES OF DEATH at different periods of life
Year ended 31st December, 1967

CAUSES OF DEATH	Col.	Sex	ADMINISTRATIVE COUNTY													Col.
			Deaths at ages (in years)													
			All ages	0-wks.	4-wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-		
ALL CAUSES		M. F.	14,704 14,468	347 253	128 112	72 66	95 52	185 78	154 116	388 269	1,159 802	3,139 1,833	4,513 3,627	4,524 7,260		
Tuberculosis, respiratory ...	1	M. F.	63 24	— —	— —	— —	— —	— —	— 4	4 1	16 5	17 4	18 9	8 1	1	
Tuberculosis, other ...	2	M. F.	1 5	— —	— —	2 —	— —	— —	— —	— —	— —	1 —	— 1	— 2	2	
Syphilitic disease	3	M. F.	28 14	— 1	— —	— —	— —	— —	2 —	— —	— —	5 4	13 4	8 5	3	
Diphtheria	4	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	4	
Whooping cough	5	M. F.	1 1	— —	1 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	5	
Meningococcal infections ...	6	M. F.	1 4	— —	— 2	1 1	— —	— —	— —	— —	1 —	— —	— —	— —	6	
Acute poliomyelitis	7	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	7	
Measles	8	M. F.	2 2	— —	2 —	— 2	— —	— —	— —	— —	— —	— —	— —	— —	8	
Other infective and parasitic diseases ...	9	M. F.	17 18	— —	1 2	— 2	1 —	— 1	— 2	4 2	6 —	1 1	3 6	1 2	9	
Malignant neoplasm, stomach	10	M. F.	387 291	— —	— —	— —	— —	— —	4 —	3 3	32 24	105 43	147 105	96 116	10	
lung, bronchus	11	M. F.	1,014 223	— —	— —	— —	— —	2 —	1 1	26 13	129 35	344 63	367 70	145 41	11	
breast	12	M. F.	5 461	— —	— —	— —	— —	— 1	— 6	— 31	— 78	2 138	2 106	1 101	12	
uterus	13	F.	187	—	—	1	—	—	1	13	38	52	50	32	13	
Other malignant and lymphatic neoplasms ...	14	M. F.	1,298 1,271	— —	— —	3 5	4 6	11 8	15 15	51 48	118 155	314 283	406 374	376 377	14	
Leukaemia, aleukaemia	15	M. F.	80 59	— —	— 1	6 3	6 3	2 2	3 2	4 4	8 8	18 14	25 10	8 12	15	
Diabetes	16	M. F.	68 132	— —	— —	— —	1 —	2 —	1 1	6 2	6 3	14 26	18 52	20 48	16	
Vascular lesions of nervous system	17	M. F.	1,736 2,599	1 —	— —	— 2	1 1	2 4	8 8	23 15	66 101	273 253	598 695	764 1,520	17	
Coronary disease, angina	18	M. F.	3,841 2,431	— —	— —	— —	— —	1 —	18 4	110 20	432 99	1,080 364	1,329 826	871 1,118	18	
Hypertension with heart disease	19	M. F.	168 254	— —	— —	— —	— —	1 —	1 —	2 1	4 9	39 23	60 71	61 150	19	
Other heart disease	20	M. F.	1,237 2,094	— —	3 2	— —	1 —	3 3	9 7	16 22	38 60	158 141	309 346	700 1,513	20	
Other circulatory disease	21	M. F.	584 786	— —	— —	— —	— —	4 —	3 2	9 12	36 15	76 50	149 156	307 551	21	
Influenza	22	M. F.	39 74	— —	— —	— 1	— —	— —	— —	1 —	5 5	5 5	14 16	14 47	22	
Pneumonia	23	M. F.	676 850	19 16	42 42	8 10	6 8	2 1	1 2	6 5	27 15	64 69	196 137	305 545	23	
Bronchitis	24	M. F.	1,234 474	1 —	17 5	3 3	3 1	1 1	3 2	18 7	53 22	297 62	474 153	364 218	24	
Other diseases of respiratory system ...	25	M. F.	171 95	1 1	2 4	4 —	2 1	2 —	1 2	5 6	10 5	37 16	58 15	49 45	25	
Ulcer of stomach and duodenum	26	M. F.	113 75	— —	— —	— —	— —	— 1	1 1	4 2	8 3	29 12	32 19	39 37	26	
Gastritis, enteritis and diarrhoea	27	M. F.	60 71	3 —	14 5	4 2	— —	1 3	3 —	— 7	2 4	13 7	9 28	11 15	27	
Nephritis and nephrosis	28	M. F.	88 81	— —	— 1	— 1	3 1	8 1	3 5	8 4	10 9	14 13	28 21	14 25	28	
Hyperplasia of prostate	29	M.	90	—	—	—	—	—	—	—	1	6	24	59	29	
Pregnancy, childbirth, abortion	30	F.	6	—	—	—	—	2	3	1	—	—	—	—	30	
Congenital malformations	31	M. F.	125 124	70 57	19 28	7 8	6 6	6 6	3 2	2 2	4 3	5 3	2 5	1 4	31	
Other defined and ill-defined diseases ...	32	M. F.	890 1,173	250 175	11 9	11 13	15 7	22 10	13 18	29 31	64 69	128 120	151 244	196 477	32	
Motor vehicle accidents	33	M. F.	255 142	— —	1 —	12 6	25 16	65 20	25 10	22 6	30 5	31 17	22 32	22 30	33	
All other accidents	34	M. F.	289 339	2 3	14 10	12 3	21 2	34 5	21 5	16 6	24 15	37 18	33 56	75 216	34	
Suicide	35	M. F.	131 104	— —	— —	— —	— —	12 8	12 13	17 5	30 15	26 32	25 20	9 11	35	
Homicide and operations of war	36	M. F.	12 4	— —	1 —	1 1	— —	4 1	3 —	2 —	— 1	— —	1 —	— 1	36	

TABLE 5 (cont'd.)—CAUSES OF DEATH at different periods of life
Year ended 31st December, 1967

Col.	Sex	AGGREGATE OF URBAN DISTRICTS													AGGREGATE OF RURAL DISTRICTS													Col.
		Deaths at ages (in years)													Deaths at ages (in years)													
		All ages	0- wks.	4- wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	0- wks.	4- wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-			
	M. F.	12418 12325	293 208	105 102	61 55	80 41	148 61	121 88	338 229	971 672	2670 1556	3831 3131	3800 6182	2286 2143	54 45	23 10	11 11	15 11	37 17	33 28	50 40	188 130	469 277	682 496	724 1078			
1	M. F.	57 15	— —	— —	— —	— —	— —	— 3	4 —	13 4	17 3	15 4	8 1	6 9	— —	— —	— —	— —	— —	1 —	1 —	3 1	— —	3 5	— —	1 —		
2	M. F.	1 5	— —	— —	2 —	— —	— —	— —	— —	— —	1 —	— —	— 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 —		
3	M. F.	25 10	— —	— —	— —	— —	— —	1 —	— —	— —	5 3	11 3	8 4	3 4	1 —	— —	— —	— —	— —	1 —	— —	— —	1 —	2 1	— 1	3 —		
4	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	4 —		
5	M. F.	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	5 —		
6	M. F.	1 4	— —	— 2	1 —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	6 —		
7	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	7 —		
8	M. F.	2 2	— —	— 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	8 —		
9	M. F.	16 13	— —	1 1	— 2	1 —	— 1	— 1	3 2	6 —	1 —	3 4	1 —	1 5	— —	— 1	— —	— —	— —	— 1	— —	— —	— —	— 2	— 1	9 —		
10	M. F.	336 249	— —	— —	— —	— —	— —	4 —	3 3	28 20	97 34	128 89	76 103	51 42	— —	— —	— —	— —	— —	— —	— —	4 4	8 9	19 16	20 13	10 —		
11	M. F.	897 193	— —	— —	— —	— —	2 —	1 —	25 11	111 31	306 56	322 58	130 36	117 30	— —	— —	— —	— —	— —	— —	1 2	18 4	38 7	45 12	15 5	11 —		
12	M. F.	5 393	— —	— —	— —	— —	— 1	— 5	— 27	— 63	2 116	2 93	1 88	— 68	— —	— —	— —	— —	— —	— 1	— 4	— 15	— 22	— 13	— 13	12 —		
13	F.	156	—	—	1	—	—	1	11	32	43	41	27	31	—	—	—	—	—	—	2	6	9	9	5	13		
14	M. F.	1097 1084	— —	— —	3 4	4 5	9 4	9 9	46 44	97 119	262 253	341 328	326 318	201 187	— —	— —	— 1	— 1	2 4	6 6	5 4	21 36	52 30	65 46	50 59	14 —		
15	M. F.	71 52	— —	— 1	4 2	6 —	1 2	3 1	4 4	6 8	18 14	22 10	7 9	9 7	— —	— —	2 1	— 3	— —	— —	— 1	— —	— —	— 3	1 2	15 —		
16	M. F.	54 111	— —	— —	— —	— —	1 —	1 —	5 2	5 3	9 22	16 45	17 39	14 21	— —	— —	— —	1 —	1 —	— —	1 —	1 —	5 4	2 7	3 9	16 —		
17	M. F.	1433 2190	1 —	— —	— —	— —	2 1	7 6	19 11	51 85	228 210	491 585	634 1290	303 409	— —	— —	— 1	— —	— —	— —	1 2	4 4	15 16	45 43	107 110	130 230	17 —	
18	M. F.	3222 2063	— —	— —	— —	— —	1 —	16 3	97 15	361 88	908 316	1125 714	714 927	619 368	— —	— —	— —	— —	— —	2 1	13 5	71 11	172 48	204 112	157 191	18 —		
19	M. F.	149 206	— —	— —	— —	— —	1 —	1 —	2 —	3 7	30 18	54 59	58 121	19 48	— —	— —	— —	— —	— —	— —	— —	1 2	9 5	6 12	3 29	19 —		
20	M. F.	1058 1808	— —	— 2	— —	1 —	3 2	8 4	15 19	34 54	132 121	268 299	597 1307	179 286	— —	3 —	— —	— —	— —	— —	1 3	1 3	4 6	26 20	41 47	103 206	20 —	
21	M. F.	478 675	— —	— —	— —	— —	4 —	3 2	6 11	31 12	65 40	122 137	247 473	106 111	— —	— —	— —	— —	— —	— —	— —	3 1	5 3	11 10	27 19	60 78	21 —	
22	M. F.	29 62	— —	— —	1 —	— —	— —	— —	— —	1 4	5 4	4 16	9 37	10 12	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	4 10	5 —	22 —	
23	M. F.	574 736	12 12	37 41	7 10	5 6	1 —	1 2	5 4	18 11	53 60	164 119	271 471	102 114	7 4	5 1	1 —	1 2	1 —	— —	1 —	9 4	11 9	32 18	34 74	23 —		
24	M. F.	1069 427	1 —	14 5	3 3	3 1	— 1	3 2	15 7	50 19	263 52	413 139	304 198	165 47	— —	3 —	— —	— —	— —	— —	— —	3 3	34 10	61 14	60 20	24 —		
25	M. F.	147 83	— —	2 4	4 —	1 1	1 —	1 1	4 5	9 5	32 13	48 14	45 40	24 12	1 1	— —	— —	— —	1 —	1 —	— —	1 —	5 3	10 1	4 5	25 —		
26	M. F.	97 69	— —	— —	— —	— —	— 1	— 1	— 2	4 3	6 11	25 19	29 32	16 6	— —	— —	— —	— —	— —	— —	— —	— —	2 —	4 1	3 5	26 —		
27	M. F.	53 61	3 —	13 5	3 1	— —	1 3	— —	2 7	— 4	2 12	7 24	10 10	7 10	— —	1 —	1 1	— —	— —	— —	— —	— —	— —	1 2	2 4	1 3	27 —	
28	M. F.	77 67	— —	— 1	— —	2 —	7 1	2 5	8 3	10 6	13 10	25 19	10 21	11 14	— —	— —	— —	1 1	1 —	— —	— —	— —	1 3	3 2	4 —	28 —		
29	M.	76	—	—	—	—	—	—	—	1	5	22	48	14	—	—	—	—	—	—	—	—	1	2	11	29		
30	F.	6	—	—	—	—	2	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30		
31	M. F.	105 98	58 43	15 23	7 5	5 6	5 5	3 2	2 2	4 2	3 2	2 4	1 4	20 26	12 14	4 5	— 3	1 —	1 1	— —	— —	— —	2 1	— 1	— —	31 —		
32	M. F.	722 995	216 150	6 8	10 10	12 7	15 10	6 11	24 25	51 60	105 97	122 213	155 404	168 178	34 25	5 1	3 —	3 —	7 7	7 7	5 6	13 9	23 23	29 31	41 73	32 —		
33	M. F.	204 124	— —	1 —	10 5	23 17	50 20	15 5	23 5	25 14	28 18	19 28	51 18	— —	— —	— —	2 1	2 4	15 3	5 1	7 1	7 6	3 3	4 3	3 2	33 —		
34	M. F.	239 278	2 3	12 9	8 3	17 2	31 3	16 5	13 5	20 13	29 12	28 45	63 178	50 61	— —	2 1	4 —	4 —	3 2	5 —	3 1	4 2	8 6	5 11	12 38	34 —		
35	M. F.	111 86	— —	— —	— —	— —	9 6	10 11	16 2	26 12	20 26	22 20	8 9	20 18	— —	— —	— —	— —	3 2	2 2	1 3	4 3	6 6	3 —				

TABLE 7—ANTENATAL AND POST-NATAL CLINICS

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ANTENATAL AND POST-NATAL ATTENDANCES AND OF RELAXATION CLASSES DURING 1967

Health Division No.	No. of clinics at 31st December, 1967	No. of sessions during year conducted by—					Antenatal attendances				Post-natal attendances		Relaxation classes		
		Medical officers	Midwives	G.P.'s on sessional basis	Hospital medical staff	No. of women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of women attending	No. of attendances	No. of classes at end of year	No. of sessions	No. of women attending	No. of attendances
1 ...	2	—	5	—	89	527	1,769	18.8	3.4	155	159	3	80	108	450
2 ...	—	—	—	—	—	—	—	—	—	—	—	3	162	424	1,850
3 ...	4	—	20	—	155	772	3,662	20.9	4.7	228	262	6	238	411	1,878
4 ...	5	—	124	—	181	1,927	7,213	23.6	3.7	50	51	6	216	378	2,019
5 ...	8	367	18	—	92	1,857	6,743	14.1	5.0	20	35	5	282	341	2,442
6 ...	5	47	301	—	—	409	2,962	8.5	7.2	—	—	3	139	140	963
7 ...	1	50	—	—	—	89	427	8.5	4.8	1	2	1	43	36	222
8 ...	8	—	98	26	*137	827	3,885	15.8	4.7	*180	*203	3	172	150	774
9 ...	6	—	—	58	304	1,089	4,733	13.1	4.3	340	355	5	136	125	550
10 ...	6	46	226	—	50	1,260	3,587	11.1	2.8	1	1	6	255	392	1,832
11 ...	10	—	212	83	281	2,264	8,954	15.5	4.0	203	263	6	289	674	3,401
12 ...	7	266	47	1	95	1,121	5,928	14.5	5.3	—	—	7	290	384	2,024
13 ...	6	119	209	27	10	813	4,397	12.0	5.4	36	43	6	161	136	806
14 ...	6	130	143	—	—	704	4,423	16.2	6.3	1	1	4	92	174	499
15 ...	6	377	8	5	50	1,120	4,777	11.0	4.3	133	167	5	234	245	1,229
16 ...	2	46	42	—	—	215	376	4.3	1.7	42	42	1	96	219	1,349
17 ...	6	26	91	—	120	987	3,715	15.7	3.8	—	—	4	178	307	1,480
TOTAL ...	88	1,474	1,539	200	*1,564	15,481	67,551	14.2	4.4	*1,396	*1,584	74	3,063	4,644	23,768
Delegate District— Crosby M.B. ...	1	—	51	—	—	120	467	9.2	3.9	—	—	1	52	89	641
Huyton-w-Roby U.D.	2	—	—	—	99	254	1,031	10.4	4.1	13	19	2	101	59	354
Middleton M.B. ...	2	46	175	—	22	487	3,039	12.5	6.2	3	8	1	49	97	504
Stretford M.B. ...	4	49	56	—	—	138	557	5.3	4.0	1	1	1	46	130	818
TOTAL ...	9	95	282	—	121	999	5,094	10.2	5.1	17	23	5	248	375	2,377
TOTAL— Administrative County	97	1,569	1,821	200	*1,685	16,480	72,645	13.8	4.4	*1,413	*1,607	79	3,311	5,019	26,145

*Includes 15 sessions for post-natal purposes only, at which 91 women made 96 attendances.

TABLE 8—CHILD WELFARE CENTRES
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ATTENDANCES DURING 1967

Health Division No.	No. of centres at 31st Dec. 1967		No. of sessions conducted by—			No. of children who attended and were born in—				No. of attendances by children at ages (in years)				Average attendances (all children) per session	*No. of children referred elsewhere
	Medical officers	Health visitors	G.P.'s. on sessional basis	1967				1962—65							
				1967	1966	1962—65		0—	1—	2-4 (inclusive)					
1	...	7	179	19	—	370	371	433	4,068	684	1,211	30.1	46		
2	...	19	836	111	—	1,476	1,485	2,022	25,648	5,973	6,162	39.9	204		
3	...	18	692	244	—	1,565	1,454	1,147	25,406	4,571	2,229	34.4	158		
4	...	33	956	513	—	3,142	2,770	2,376	50,785	10,891	7,387	47.0	192		
5	...	19	596	539	—	1,808	1,627	1,716	34,141	7,260	9,284	44.7	—		
6	...	15	486	234	—	1,078	1,026	1,307	17,083	4,461	5,240	37.2	18		
7	...	15	616	179	—	2,142	2,096	1,652	27,042	5,083	5,109	46.8	125		
8	...	14	†436	190	176	1,948	2,015	1,652	25,321	5,396	3,809	43.0	97		
9	...	17	709	432	—	2,745	2,407	1,778	35,265	8,408	6,736	44.2	73		
10	...	14	589	131	—	1,764	1,609	1,391	24,403	4,920	3,196	45.2	78		
11	...	20	808	438	12	2,910	2,374	1,770	41,493	7,862	4,981	43.2	208		
12	...	21	807	357	36	2,004	1,838	2,315	30,420	7,037	6,954	37.0	355		
13	...	10	292	249	20	1,258	1,087	1,466	18,331	4,003	4,146	47.2	172		
14	...	7	432	154	—	1,540	1,289	1,019	24,468	4,206	2,347	52.9	47		
15	...	12	886	27	—	1,911	1,759	2,410	31,311	8,271	6,006	49.9	63		
16	...	6	324	102	—	980	1,106	1,069	22,055	4,736	3,326	70.7	75		
17	...	14	593	24	200	1,803	1,668	1,960	28,540	5,149	3,794	45.9	180		
TOTAL	261	†10,237	3,943	444	30,444	27,981	27,483	465,780	98,911	81,917	44.2	2,091		
Delegate District—Crosby M.B.	...	4	175	180	—	665	516	746	10,653	2,408	3,008	45.3	67		
Huyton-with-Roby U.D.	...	6	296	108	—	971	709	593	10,591	1,943	1,777	35.4	20		
Middleton M.B.	...	5	331	39	—	637	601	467	7,648	1,496	590	26.3	34		
Stretford M.B.	...	4	289	19	—	766	702	830	9,299	3,357	1,735	46.7	58		
TOTAL	19	1,091	346	—	3,039	2,528	2,636	38,191	9,204	7,110	37.9	179		
TOTAL—Administrative County...	...	289	†11,328	4,289	444	33,483	30,509	30,119	503,971	108,115	89,027	43.7	2,270		

* See text, page 40.
† Includes 17 sessions conducted by hospital medical staff.

TABLE 9—CARE OF PREMATURE INFANTS

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF PREMATURE INFANTS BORN IN 1967 WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	BORN IN HOSPITAL												BORN AT HOME OR IN A NURSING HOME											
	(a) Nursed entirely there.						(b) Transferred to hospital on or before 28th day.						(c) Nursed entirely there.						(d) Transferred to hospital on or before 28th day.					
	2 lb. 3 oz. or less			Over 2 lb. 3 oz. to 3 lb. 4 oz.			Over 3 lb. 4 oz. to 4 lb. 15 oz.			Over 4 lb. 15 oz. to 5 lb. 8 oz.			Over 2 lb. 3 oz. to 3 lb. 4 oz.			Over 3 lb. 4 oz. to 4 lb. 6 oz.			Over 4 lb. 6 oz. to 4 lb. 15 oz.			Over 4 lb. 15 oz. to 5 lb. 8 oz.		
	Total births	Within 24 hours	In 1 and under 7 days	Total births	Within 24 hours	In 1 and under 7 days	Total births	Within 24 hours	In 1 and under 7 days	Total births	Within 24 hours	In 1 and under 7 days	Total births	Within 24 hours	In 1 and under 7 days	Total births	Within 24 hours	In 1 and under 7 days	Total births	Within 24 hours	In 1 and under 7 days	Total births	Within 24 hours	In 1 and under 7 days
1 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL ...	86	59	16	4	170	60	30	3	439	48	31	4	453	15	10	2	1,038	14	16	4	1,038	14	16	4
Delegate District—Crosby M.B. ...	2	1	—	1	3	1	—	—	15	2	1	—	8	—	—	—	25	—	1	—	—	—	—	—
Huyton-w-Roby U.D.	5	4	—	—	9	1	5	—	17	4	1	1	15	—	—	—	41	—	—	—	—	—	—	—
Middleton M.B.	5	4	1	—	7	2	1	—	11	—	—	—	13	—	—	—	15	—	—	—	—	—	—	—
Stretford M.B.	5	4	—	1	9	2	3	—	17	4	1	—	18	—	—	1	25	—	—	—	—	—	—	—
TOTAL—Admin. County ...	103	72	17	6	198	66	39	3	499	58	34	5	507	15	10	3	1,144	14	18	4	1,144	14	18	4

TABLE 10—MOTHER AND BABY HOMES

SUMMARY BY HEALTH DIVISIONS AND DELEGATE DISTRICTS OF UNMARRIED EXPECTANT AND NURSING MOTHERS FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1967

HOME	*NO. OF CASES ADMITTED—																	Total— Adminis- trative County					
	FROM HEALTH DIVISION NO.																		†Others				
	FROM DELEGATE DISTRICT																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			Total	Crosby M.B.	Huyton- w-Roby U.D.	Middle- ton M.B.
Chaddeslope, Abbey Foregate, Shrewsbury	1	—	—	—	1	
Fylde House of Help, 141 Hornby Road, Blackpool	16	—	—	—	16	
“The Grange”, Wilpshire, near Blackburn	79(1)	6	1	1	79(1)	
Home of the Good Samaritan, Grappenhall	12(1)	—	—	—	12(1)	
Knowle House, Sagars Road, Handforth, Manchester	4(1)	—	—	2(1)	4(1)	
Lancaster, Morecambe and District Moral Welfare Association, Girls' Hostel, 7 Queen Street, Lancaster	12	—	—	—	12	
Liverpool Catholic Children's Protection Society—Affiliated Homes	24(5)	2(1)	2	—	24(5)	
Lorna Lodge, Barlow Moor Road, Manchester, 20	10	—	—	—	10	
Myford House, Horsehay, Wellington, Shropshire	1	—	—	—	1	
Nazareth House, 2 Hillbury Road, Wrexham	1	—	—	—	1	
Preston Moral Welfare Council, Parkinson House, 68 West Cliff, Preston	6	—	—	—	6	
Sacred Heart Maternity Home, Brettargh Holt, near Kendal	10	—	—	—	10	
Salvation Army Home, North Mossley Hill Road, Liverpool	8	1	2	—	8	
Salvation Army Home, Bury New Road, Salford	4(1)	—	—	—	4(1)	
St. Agnes' House, 15 Mauldeth Road, Manchester, 20	12(1)	—	—	5(1)	12(1)	
St. Anne's Maternity Home, Simpson Hill, Heywood	25	—	—	4	25	
St. Bridget's Home, Lache Lane, Chester	6	—	—	—	6	
St. Katherine's Hostel, 10 King's Mill Lane, Huddersfield	1	—	—	—	1	
St. Margaret's Home, Goose Green, Wigan	18	1	—	—	18	
St. Mary's Home, Coledale Hall, Carlisle	1	—	—	—	1	
St. Monica's Home, 13 Croxteth Place, Liverpool, 8	29(2)	1	2(1)	—	29(2)	
St. Monica's Maternity Home, 8 Dalton Drive, Sedburgh Road, Kendal	10(1)	—	—	—	10(1)	
St. Teresa's Home, 61 Broom Lane, Salford, 7	40(4)	—	—	15(4)	40(4)	
TOTAL	330(17)	10(1)	8(1)	6	27(6)	1

* These normally are expectant mothers. Post-natal cases are included and also shown in brackets. Cases transferred from one home to another are shown against the homes to which they were first admitted.
† Cases referred by County Children's Committee.

TABLE 11—DAY NURSERIES
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ACCOMMODATION AND ATTENDANCES DURING 1967

Health Division No.	Accommodation and attendances during 1967				Proportion (per cent.) of attendances to places available (all ages)	No. of nurseries	No. of places approved for children at ages (in years)		No. of children—				Position at 31st December, 1967			
	No. of nursery days	Total day places available at ages (in years)		Total attendances at ages (in years)			0—	2-4 (inclusive)	On registers		On waiting lists					
		0—	2-4 (inclusive)	0—					2-4 (inclusive)	Social cases		Social cases		Others		
										Ages (in years)					Ages (in years)	
										0—	2-4 (inclusive)				0—	2-4 (inclusive)
1	—	—	—	—	—	—	—	—	—	—	—	—	—			
2	508	10,160	21,590	6,535	20,454	85.0	2	40	—	107	—	8	39	32		
3	254	4,826	7,874	2,420	8,372	85.0	1	19	7	27	2	20	7	92		
4	488	9,028	15,372	5,810	14,675	84.0	2	37	8	19	23	66	22	254		
5	1,617	27,113	47,665	15,559	52,141	90.5	6	103	43	77	45	181	27	162		
6	968	15,972	31,944	7,771	31,993	83.0	4	66	27	80	16	98	13	69		
7	254	6,350	16,510	3,406	14,217	77.1	1	25	12	39	10	32	4	26		
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9	508	5,588	24,892	4,154	19,079	76.2	2	22	20	68	2	41	2	172		
10	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
11	976	20,740	28,792	14,010	31,925	92.7	4	85	46	105	21	76	22	—		
12	241	4,579	7,471	1,741	8,752	87.1	1	19	6	21	2	26	10	87		
13	730	11,922	19,220	7,915	18,108	83.6	3	49	20	51	12	46	18	166		
14	1,457	18,244	43,257	11,497	40,482	84.5	6	75	27	70	34	149	—	259		
15	728	10,924	21,846	5,308	19,742	76.4	3	45	37	83	5	29	15	209		
16	1,001	11,492	33,066	8,426	31,033	88.6	4	46	19	94	25	91	—	233		
17	1,476	27,293	46,507	8,972	50,497	80.6	6	111	35	109	20	150	8	152		
TOTAL ...	11,206	184,231	366,006	103,524	361,470	84.5	45	742	335	950	217	1,013	187	1,913		
Delegate District— Crosby M.B. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Huyton-with-Roby U.D.	762	10,160	22,860	7,899	19,076	81.7	3	40	41	87	6	16	6	54		
Middleton M.B. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Stretford M.B. ...	925	11,748	22,198	6,947	22,608	87.1	3	40	22	66	10	51	2	123		
TOTAL ...	1,687	21,908	45,058	14,846	41,684	84.4	6	80	63	153	16	67	8	177		
TOTAL— Administrative County ...	12,893	206,139	411,064	118,370	403,154	84.5	51	822	398	1,103	233	1,080	195	2,090		

TABLE 12—HEALTH VISITING
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF HOME VISITS DURING 1967

Health Division No.	* Cases visited by—											T.B. visitors					Visits paid by health visitors and tuberculosis visitors										
	Health visitors																Adults (excl. expectant mothers and tuberculous)					Tuberculosis					Total
	Children born in			† Aged 65 years or over	‡ Mentally disordered	§ Discharged from hospital	T.B. house-holds	Infectious diseases (Other than T.B.)	Other cases	T.B. house-holds	Expectant mothers	Children under 5 years	Under 65	65 and over	Under 65	65 and over	Under 65	65 and over	Under 65	65 and over							
	1967	1966	1962-65																								
1	517	527	1,268	601 (15)	15 (2)	9 (8)	70	9	146	—	267	8,074	363	1,506	143	53	44	4	10,454								
2	1,696	2,161	4,928	2,807 (1,209)	42 (30)	171 (101)	129	73	854	308	1,666	32,744	2,761	8,584	609	96	2,454	18	48,932								
3	2,217	2,034	4,653	1,491 (344)	32 (6)	170 (71)	46	322	797	262	1,076	22,669	1,116	4,275	236	108	663	171	30,314								
4	3,550	3,437	7,552	2,631 (328)	76 (28)	223 (21)	6	655	1,695	383	1,149	38,670	2,796	5,887	701	203	576	15	49,997								
5	2,985	2,500	4,374	1,015 (70)	19 (4)	52 (18)	—	74	729	172	1,630	21,111	1,135	1,340	159	37	255	3	25,070								
6	1,364	1,577	2,526	1,573 (564)	60 (37)	226 (219)	193	225	1,079	—	1,380	17,078	1,936	3,864	218	88	154	35	24,753								
7	2,998	3,022	7,610	861 (158)	64 (13)	69 (30)	37	35	516	517	925	33,705	892	2,847	1,179	223	1,558	87	41,416								
8	2,638	2,343	7,225	1,135 (55)	21 (5)	26 (4)	13	23	113	526	1,212	32,083	1,141	2,366	1,616	325	2,846	74	41,663								
9	4,126	4,438	15,444	5,249 (338)	170 (33)	321 (195)	448	138	1,282	1,724	1,605	48,355	4,073	9,171	2,913	448	4,239	235	71,039								
10	2,232	1,957	5,640	661 (88)	74 (16)	31 (21)	51	43	117	207	792	19,009	2,446	1,524	1,328	151	2,030	208	27,488								
11	3,726	3,436	8,622	2,457 (344)	75 (21)	124 (88)	20	61	344	535	1,246	36,728	2,097	4,538	1,089	227	1,512	146	47,583								
12	3,514	2,066	5,310	2,067 (154)	50 (18)	30 (14)	39	101	395	450	849	26,389	1,138	2,763	468	129	787	146	32,669								
13	1,569	1,251	3,412	1,007 (15)	14 (5)	8 (7)	6	9	50	416	599	18,194	472	2,433	1,246	26	435	2	23,407								
14	1,822	1,729	5,185	1,223 (62)	7 (1)	34 (17)	—	9	263	143	455	25,090	648	2,694	155	14	292	3	29,351								
15	2,031	1,801	3,811	808 (162)	41 (7)	31 (28)	15	25	143	314	305	14,953	795	1,177	786	32	359	3	18,410								
16	1,037	986	2,660	529 (57)	39 (11)	27 (18)	105	636	459	—	201	12,838	1,041	1,503	92	18	82	8	15,783								
17	2,458	1,961	4,805	2,661 (230)	36 (17)	68 (50)	13	105	257	1,720	327	18,636	1,186	5,253	1,523	183	1,346	159	28,613								
TOTAL	40,480	37,256	95,525	28,776 (4,193)	835 (254)	1,620 (910)	1,191	2,543	9,239	7,677	15,684	426,326	26,036	61,725	14,461	2,361	19,632	1,317	567,542								
Delegate District—																											
Crosby M.B.	1,088	1,036	3,780	653 (16)	23 (2)	33 (10)	9	10	245	175	213	13,108	223	1,276	616	68	927	2	16,433								
Huyton-w-R. U.D.	1,227	1,348	4,821	1,261 (136)	30 (2)	112 (92)	207	17	526	68	417	15,538	526	2,063	213	62	340	1	19,160								
Middleton M.B.	876	739	2,436	506 (190)	27 (16)	66 (42)	1	36	261	162	382	13,283	1,659	1,613	214	10	704	2	17,867								
Stretford M.B.	1,063	895	2,409	332 (61)	30 (8)	21 (10)	164	133	398	—	272	14,133	941	1,061	152	49	96	16	16,720								
TOTAL	4,254	4,018	13,446	2,752 (403)	110 (28)	232 (154)	381	196	1,430	405	1,284	56,062	3,349	6,013	1,195	189	2,067	21	70,180								
TOTAL—Admin. County	44,734	41,274	108,971	31,528 (4,596)	945 (282)	1,852 (1,064)	1,572	2,739	10,669	8,082	16,968	482,388	29,385	67,738	15,656	2,550	21,699	1,338	637,722								

* A case which can be classified to more than one category is included under each appropriate heading. No adult case is included unless some advice or service was given.
† Cases visited at the request of a G.P. or hospital are included and also shown separately in brackets.
‡ Excludes maternity cases, and persons discharged from mental hospitals.

TABLE 14—HOME NURSING

ANALYSIS OF COMPLETED CASES BY DURATION OF TREATMENTS, FREQUENCY OF VISITS AND DISPOSAL OF CASES

YEAR ENDED 31ST DECEMBER, 1967

Disease or ailment	Total No. of cases	Duration of treatment				Disposal of cases															
		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other	
				Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system ...	189	3,136.9	16.6	14,983	—	79.3	4.8	113	59.8	32	16.9	3	1.6	14	7.4	4	2.1	23	12.2	—	—
Other infective and parasitic diseases ...	647	4,520.3	7.0	13,899	6	21.5	3.1	534	82.5	49	7.6	14	2.2	28	4.3	1	0.2	21	3.2	—	—
Cancer ...	2,289	18,439.4	8.1	78,905	2,089	35.4	4.4	288	12.6	523	22.8	1,405	61.4	41	1.8	14	0.6	16	0.7	2	0.1
Diabetes ...	510	16,719.4	32.8	81,047	26	159.0	4.8	117	22.9	163	32.0	53	10.4	95	18.6	5	1.0	77	15.1	—	—
Anaemias and other blood diseases ...	3,816	139,573.7	36.6	145,481	91	38.1	1.0	2,128	55.8	649	17.0	394	10.3	425	11.1	9	0.2	199	5.2	12	0.3
Mental, psychoneurotic disorders ...	187	1,819.1	9.7	4,686	21	25.2	2.6	88	47.1	60	32.1	24	12.8	3	1.6	2	1.1	9	4.8	1	0.5
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,322	17,460.6	13.2	48,181	161	36.6	2.8	258	19.5	428	32.4	566	42.8	52	3.9	2	0.2	12	0.9	4	0.3
Other diseases of central nervous system ...	1,683	38,580.7	22.9	97,236	1,445	58.6	2.6	442	26.3	630	37.4	426	25.3	120	7.1	9	0.5	46	2.7	10	0.6
Diseases of eye, ear and mastoid process ...	991	2,114.9	2.1	8,395	12	8.5	4.0	944	95.3	16	1.6	4	0.4	6	0.6	1	0.1	18	1.8	2	0.2
Diseases of heart and circulatory system ...	2,143	38,330.3	17.9	85,211	235	39.9	2.2	970	45.3	542	25.3	498	23.2	79	3.7	13	0.6	33	1.5	8	0.4
Influenza ...	117	799.3	6.8	1,481	10	12.7	1.9	94	80.3	15	12.8	6	5.1	—	—	—	—	2	1.7	—	—
Pneumonia ...	429	1,113.4	2.6	5,367	39	12.6	4.9	236	55.0	89	20.7	93	21.7	4	0.9	—	—	6	1.4	1	0.2
Bronchitis ...	1,288	6,566.4	5.1	21,224	47	16.5	3.2	883	68.6	183	14.2	168	13.0	23	1.8	2	0.2	28	2.2	1	0.1
Other diseases of respiratory system ...	895	3,365.1	3.8	11,469	159	13.0	3.5	739	82.6	79	8.8	44	4.9	12	1.3	2	0.2	19	2.1	—	—
Diseases of digestive system ...	3,777	19,125.1	5.1	53,793	58	14.3	2.8	3,045	80.6	411	10.9	101	2.7	62	1.6	136	3.6	19	0.5	3	0.1
Diseases of genito-urinary system ...	1,921	42,266.6	22.0	42,352	46	22.1	1.0	1,492	77.7	193	10.0	108	5.6	68	3.5	27	1.4	33	1.7	—	—
Diseases of the skin ...	2,169	22,797.6	10.5	60,985	84	28.2	2.7	1,697	78.2	273	12.6	86	4.0	60	2.8	21	1.0	27	1.2	5	0.2
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	978	32,598.1	33.3	63,075	126	64.6	1.9	381	39.0	323	33.0	135	13.8	82	8.4	2	0.2	53	5.4	2	0.2
Senility and ill-defined conditions ...	5,468	67,888.4	12.4	146,135	161	26.8	2.2	2,154	39.4	1,123	20.5	828	15.1	215	3.9	1,035	18.9	99	1.8	14	0.3
Burns and scalds ...	590	2,926.7	5.0	9,643	1	16.3	3.3	531	90.0	29	4.9	13	2.2	10	1.7	5	0.8	1	0.2	1	0.2
Other accidents, injuries, etc. ...	1,983	11,533.4	5.8	30,760	48	15.5	2.7	1,667	84.1	165	8.3	54	2.7	48	2.4	31	1.6	17	0.9	1	0.1
All other conditions ...	1,986	9,920.4	5.0	26,030	71	13.1	2.6	1,587	79.9	242	12.2	31	1.6	45	2.3	5	0.3	72	3.6	4	0.2
Total—Administrative County	35,378	501,596	14.2	1,050,338	4,936	29.8	2.1	20,388	57.6	6,217	17.6	5,054	14.3	1,492	4.2	1,326	3.7	830	2.3	71	0.2

Note : Percentages are of the total cases of the particular disease or ailment.

TABLE 15—HOME NURSING

ANALYSIS OF COMPLETED CASES IN EACH HEALTH DIVISION BY SEX, DURATION OF TREATMENT, FREQUENCY OF VISITS AND DISPOSAL OF CASES—YEAR ENDED 31ST DECEMBER, 1967

Health Division No.	TOTAL CASES				DURATION OF TREATMENT						DISPOSAL OF CASES																
	Both sexes	Male		Female		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other			
		No.	Per cent.	No.	Per cent.			Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1	647	222	34.3	425	65.7	10,837.6	16.8	23,524	17	36.4	2.2	319	49.3	127	19.6	97	15.0	71	11.0	9	1.4	23	3.6	1	0.2		
2	1,871	668	35.7	1,203	64.3	25,361.7	13.6	57,524	50	30.8	2.3	1,040	55.6	316	16.9	283	15.1	137	7.3	24	1.3	62	3.3	9	0.5		
3	3,193	1,218	38.1	1,975	61.9	33,341.3	10.4	70,126	252	22.0	2.1	1,854	58.1	444	13.9	385	12.1	202	6.3	200	6.3	100	3.1	8	0.3		
4	3,648	1,244	34.1	2,404	65.9	56,839.4	15.6	109,623	1,694	30.5	2.0	1,903	52.2	546	15.0	562	15.4	198	5.4	301	8.3	129	3.5	9	0.2		
5	2,885	1,098	38.1	1,787	61.9	39,961.4	13.9	79,164	133	27.5	2.0	1,876	65.0	444	15.4	386	13.4	102	3.5	22	0.8	50	1.7	5	0.2		
6	2,073	818	39.5	1,255	60.5	25,965	12.5	54,334	45	26.2	2.1	1,223	59.0	352	17.0	256	12.3	50	2.4	140	6.8	49	2.4	3	0.1		
7	1,781	595	33.4	1,186	66.6	31,967.1	17.9	51,004	109	28.7	1.6	1,082	60.8	360	20.2	198	11.1	76	4.3	14	0.8	44	2.5	7	0.4		
8	2,107	726	34.5	1,381	65.5	32,063.1	15.2	69,221	148	32.9	2.2	1,439	68.3	277	13.1	280	13.3	49	2.3	29	1.4	29	1.4	4	0.2		
9	2,475	871	35.2	1,604	64.8	27,084.9	10.9	71,019	614	28.9	2.6	1,677	67.8	424	17.1	235	9.5	80	3.2	6	0.2	48	1.9	5	0.2		
10	1,297	451	34.8	846	65.2	16,273.7	12.5	37,411	43	28.9	2.3	830	64.0	240	18.5	154	11.9	41	3.2	10	0.8	20	1.5	2	0.2		
11	2,326	849	36.5	1,477	63.5	39,145.6	16.8	75,752	148	32.6	1.9	1,337	57.5	440	18.9	401	17.2	62	2.7	52	2.2	31	1.3	3	0.1		
12	2,204	751	34.1	1,453	65.9	29,735.4	13.5	55,637	329	25.4	1.9	1,182	53.6	426	9.3	338	15.3	71	3.2	152	6.9	34	1.5	1	0.0		
13	1,211	441	36.4	770	63.6	14,389.3	11.9	29,871	142	24.8	2.1	694	57.3	206	17.0	126	10.4	37	3.1	131	10.8	16	1.3	1	0.1		
14	1,192	428	35.9	764	64.1	19,057.6	16.0	38,043	150	32.0	2.0	587	49.2	266	22.3	209	17.5	37	3.1	33	2.8	57	4.8	3	0.3		
15	1,270	439	34.6	831	65.4	21,816.4	17.2	45,203	63	35.6	2.1	609	48.0	311	24.5	253	19.9	56	4.4	13	1.0	27	2.1	1	0.1		
16	783	219	29.9	514	70.1	12,004.1	16.4	26,115	207	35.9	2.2	382	52.1	152	20.7	121	16.5	49	6.7	10	1.4	17	2.3	2	0.3		
17	1,885	754	40	1,131	60	26,662.1	14.1	57,770	293	30.8	2.2	988	52.4	377	20	344	18.2	56	3.0	88	4.7	30	1.6	2	0.1		
TOTAL ...	32,798	11,792	36.0	21,006	64.0	462,505.9	14.1	951,350	4,437	29.1	2.1	19,022	58.0	5,708	17.4	4,628	14.1	1,374	4.2	1,234	3.8	766	2.3	66	0.2		
Delegate District—																											
Crosby M.B. ...	572	161	28.1	411	71.9	12,094	21.1	22,972	326	40.7	1.9	293	51.2	134	23.4	105	18.4	30	5.2	5	0.5	4	0.7	3	0.5		
Huyton-w-R. U.D.	613	197	32.1	416	67.9	7,029	11.5	26,125	—	42.6	3.7	395	64.4	136	22.2	42	6.9	24	3.9	—	—	16	2.6	—	—		
Middleton M.B. ...	673	230	34.2	443	65.8	8,722.1	13.0	23,343	121	34.9	2.7	412	61.2	111	16.5	117	17.4	24	3.6	5	0.7	2	0.3	2	0.3		
Stretford M.B. ...	722	253	35.0	469	65.0	11,245	15.6	26,548	52	36.8	2.4	266	36.8	128	17.7	162	22.4	40	5.5	84	11.6	42	5.8	—	—		
TOTAL ...	2,580	841	32.6	1,739	67.4	39,090.1	15.2	98,988	499	38.6	2.5	1,366	52.9	509	19.7	426	16.5	118	4.6	92	3.6	64	2.5	5	0.2		
TOTAL—Admin. County ...	35,378	12,633	35.7	22,745	64.3	501,596	14.2	1,050,338	4,936	29.8	2.1	20,388	57.6	6,217	17.6	5,054	14.3	1,492	4.2	1,326	3.7	830	2.3	71	0.2		

Note : Percentages are of the total cases in the particular area.

TABLE 16—VACCINATION AGAINST SMALLPOX

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF VACCINATIONS PERFORMED DURING 1967

Health Division No.	Vaccinations (by age, in years, at date of vaccination)					Total under 16	Re-vaccinations (by age, in years at date of re- vaccination)		Total under 16	By G.P.'s. in private practice (included in previous cols).	Re-vaccina- tions
	0-	1-	2-	5-	0-		5-				
1	132	264	51	28	475	7	87	94	303	79	
2	56	674	160	66	956	13	136	149	281	52	
3	88	582	212	141	1,023	17	202	219	256	48	
4	159	1,025	406	82	1,672	32	89	121	654	69	
5	103	497	248	135	983	7	117	124	70	12	
6	17	359	227	58	661	7	32	39	157	25	
7	90	984	222	136	1,382	7	238	245	574	193	
8	33	825	176	97	1,131	9	62	71	166	15	
9	62	1,321	266	140	1,789	14	207	221	389	101	
10	66	603	164	48	881	8	58	66	484	62	
11	18	807	465	152	1,442	11	73	84	251	32	
12	127	539	293	151	1,110	17	107	124	414	96	
13	23	331	135	46	535	2	29	31	126	9	
14	29	413	360	36	838	5	62	67	263	32	
15	30	483	306	103	922	8	188	196	274	125	
16	18	379	141	51	589	5	47	52	147	17	
17	17	211	349	88	665	3	12	15	259	—	
TOTAL	1,068	10,247	4,181	1,558	17,054	172	1,746	1,918	5,068	967	
Delegate District—											
Crosby M.B. ...	37	319	106	27	489	6	48	54	179	35	
Huyton-with-Roby U.D.	9	340	67	43	459	15	71	86	91	69	
Middleton M.B....	110	172	199	170	651	8	38	46	200	24	
Sretford M.B. ...	104	206	129	33	472	1	35	36	251	27	
TOTAL ...	260	1,037	501	273	2,071	30	192	222	721	155	
TOTAL— Administrative County...	1,328	11,284	4,682	1,831	19,125	202	1,938	2,140	5,789	1,122	

TABLE 17—VACCINATION AGAINST POLIOMYELITIS

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF VACCINATIONS PERFORMED DURING 1967

Health Division No.	Primary vaccinations completed										Reinforcement doses				By G.P.'s. in private practice (included in previous cols.)	
	(a)	Under 1	1—	2—	3—	Total— under 4	4—	8—	Total— under 16	Under 4	4—	8—	Total— under 16	Reinforce- ment	Primary	1952 -67
	(b)	1967	1966	1965	1964	1964 -67	1960 -63	1952 -59	1952 -67	1964 -67	1960 -63	1952 -59	1952 -67			
1		221	368	20	10	619	18	13	650	125	530	475	1,130	372	372	228
2		256	1,035	119	29	1,439	65	32	1,536	94	1,158	51	1,303	252	252	224
3		526	1,047	138	51	1,762	302	566	2,630	119	1,056	399	1,574	266	266	200
4		540	2,138	305	47	3,030	146	35	3,211	160	1,814	133	2,107	1,021	1,021	450
5		407	1,232	131	22	1,792	53	14	1,859	36	1,219	48	1,303	420	420	77
6		240	964	77	19	1,300	58	5	1,363	99	457	26	582	239	239	178
7		486	1,243	119	26	1,874	136	26	2,036	104	1,057	206	1,867	618	618	208
8		538	1,806	93	35	1,972	92	27	2,091	93	1,293	25	1,411	228	228	214
9		830	1,778	246	144	2,998	503	72	3,573	123	2,012	721	2,856	571	571	275
10		497	1,036	117	19	1,669	75	43	1,787	409	1,095	458	1,962	658	658	310
11		662	1,734	280	60	2,686	202	41	2,929	190	1,628	513	2,331	557	557	283
12		304	1,130	183	50	1,667	56	14	1,737	18	1,209	47	1,274	189	189	33
13		170	706	108	14	998	41	5	1,044	23	926	15	964	136	136	83
14		191	981	147	42	1,361	69	17	1,447	80	697	94	871	330	330	155
15		428	1,193	115	32	1,768	66	12	1,846	115	1,032	97	1,244	392	392	303
16		295	649	108	34	1,086	134	13	1,233	172	851	104	1,127	163	163	25
17		229	1,065	166	38	1,498	132	68	1,698	36	410	79	525	180	180	58
TOTAL ...		6,820	19,605	2,422	672	29,519	2,148	1,003	32,670	1,996	18,444	3,491	23,931	6,592	6,592	8,254
Delegate District—																
Crosby M.B. ...		85	432	70	18	605	57	16	678	66	375	55	496	242	242	183
Huyton-w-Roby U.D. ...		280	467	63	45	855	190	75	1,120	45	711	354	1,110	119	119	16
Middleton M.B. ...		95	400	84	21	600	81	12	643	48	390	93	531	203	203	178
Stretford M.B. ...		196	454	62	16	728	64	10	802	18	585	96	699	204	204	53
TOTAL ...		656	1,753	279	100	2,788	342	113	3,243	177	2,061	598	2,836	768	768	430
TOTAL— Administrative County ...		7,476	21,958	2,701	772	32,307	2,490	1,116	35,913	2,173	20,505	4,089	26,767	7,360	7,360	3,684

(a) Age in years, at end of 1967 (b) Year of birth.

TABLE 18—IMMUNISATION AGAINST DIPHTHERIA
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF IMMUNISATIONS PERFORMED DURING 1967

Health Division No.	No. who completed a full course of primary immunisation										No. who were given a reinforcement injection					By G.P.'s in private practice (included in previous cols.)	
	(a)	Under 1	1—	2—	3—	Total— under 4	4—	8—	Total— under 16	Under 4	4—	8—	Total— under 16	Primary	Reinforce-ment		
(b)	1967	1966	1965	1964	1964 -67	1960 -63	1952 -59	1952 -67	1964 -67	1960 -63	1952 -59	1952 -67					
1	...	238	325	26	11	600	22	13	635	368	512	470	1,350	400	321		
2	...	661	730	68	13	1,472	70	39	1,581	1,152	1,222	971	3,345	430	493		
3	...	696	763	79	28	1,566	155	52	1,773	1,059	1,376	508	2,943	327	246		
4	...	1,192	1,862	166	60	3,280	301	76	3,657	1,454	2,749	1,736	5,939	1,157	738		
5	...	834	967	114	47	1,962	166	29	2,157	86	1,573	387	2,046	729	238		
6	...	503	671	53	12	1,239	31	5	1,275	429	543	39	1,011	269	259		
7	...	923	1,829	71	31	2,354	126	79	2,559	936	1,755	283	2,974	1,149	466		
8	...	986	1,028	45	31	2,090	141	44	2,275	907	1,909	700	3,516	283	293		
9	...	1,048	1,497	128	112	2,785	587	257	3,629	450	2,138	849	3,437	654	282		
10	...	747	900	60	14	1,721	49	94	1,864	842	1,397	454	2,693	815	531		
11	...	1,163	1,417	127	39	2,746	104	36	2,886	1,500	1,898	466	3,864	642	426		
12	...	770	904	66	34	1,774	110	62	1,946	1,342	1,358	947	3,647	213	41		
13	...	480	600	62	19	1,111	68	35	1,214	712	893	688	2,293	208	148		
14	...	615	748	65	28	1,456	101	25	1,582	571	1,122	489	2,182	403	171		
15	...	825	937	55	10	1,827	48	7	1,882	1,340	1,140	293	2,773	400	393		
16	...	467	530	41	15	1,053	27	9	1,089	683	668	441	1,792	231	220		
17	...	731	901	123	47	1,802	122	92	2,016	1,042	855	473	2,370	269	172		
TOTAL	...	12,829	16,109	1,349	551	30,838	2,228	954	34,020	14,873	23,108	10,194	48,175	8,579	5,438		
Delegate District— Crosby M.B.	243	396	39	14	692	44	5	741	202	347	59	608	274	180		
Huyton-with-Roby U.D.	296	453	49	46	844	242	78	1,164	26	839	956	1,821	105	15		
Middleton M.B.	264	340	42	13	659	38	28	725	265	709	731	1,705	181	276		
Stretford M.B.	270	389	55	13	727	77	41	845	243	851	358	1,452	239	153		
TOTAL	...	1,073	1,578	185	86	2,922	401	152	3,475	736	2,746	2,104	5,586	799	624		
TOTAL— Administrative County	...	13,902	17,687	1,534	637	33,760	2,629	1,106	37,495	15,609	25,854	12,298	53,761	9,378	6,062		

(a) Age, in years, at end of 1967. (b) Year of birth.

TABLE 19—IMMUNISATION AGAINST WHOOPING COUGH
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF IMMUNISATIONS PERFORMED DURING 1967

Health Division No.	No. who completed a full course of primary immunisation										No. who were given a reinforcement injection				By G.P.'s in private practice (included in previous cols.)	
	(a)	Under 1	1—	2—	3—	Total— under 4	4—	8—	Total— under 16	Under 4	4—	8—	Total— under 16	Primary	Reinforce-ment	
(b)	1967	1966	1965	1964	1964 —67	1960 —63	1952 —59	1952 —67	1964 —67	1960 —63	1952 —59	1952 —67				
1 ...	236	322	25	10	593	7	3	603	345	70	8	423	397	250		
2 ...	615	685	59	10	1,369	22	—	1,391	755	96	31	882	420	288		
3 ...	624	732	72	23	1,451	27	5	1,483	941	78	12	1,031	320	161		
4 ...	1,177	1,806	145	50	3,178	105	32	3,315	519	231	43	793	1,138	473		
5 ...	810	934	111	42	1,897	81	2	1,980	75	114	9	198	721	153		
6 ...	499	656	45	7	1,207	15	—	1,222	153	93	9	255	262	197		
7 ...	916	1,304	63	20	2,303	34	68	2,405	837	217	16	1,070	1,141	323		
8 ...	969	981	38	22	2,010	29	7	2,046	717	85	8	810	279	182		
9 ...	985	1,449	112	83	2,629	112	4	2,745	392	151	11	554	521	148		
10 ...	747	898	60	14	1,719	25	30	1,774	809	228	57	1,094	759	495		
11 ...	1,109	1,321	104	35	2,569	22	21	2,612	1,258	274	10	1,542	627	371		
12 ...	756	863	58	21	1,698	25	4	1,727	1,117	77	3	1,197	205	29		
13 ...	408	554	52	15	1,029	14	1	1,044	634	15	7	656	180	78		
14 ...	605	736	63	27	1,431	23	5	1,459	560	71	12	643	403	165		
15 ...	796	900	53	6	1,755	25	3	1,783	1,229	122	6	1,357	384	199		
16 ...	419	447	31	9	906	4	—	910	342	85	4	431	227	170		
17 ...	693	856	111	34	1,694	36	6	1,736	711	83	13	807	250	90		
TOTAL	12,364	15,444	1,202	428	29,438	606	191	80,235	11,394	2,090	259	13,743	8,234	3,772		
Delegate District—Crosby M.B. ...	240	387	39	13	679	44	4	727	182	73	16	271	266	109		
Huyton-with-Roby U.D. ...	292	438	38	42	810	51	1	862	22	27	3	52	100	11		
Middleton M.B. ...	251	325	40	12	628	13	1	642	244	53	16	313	150	130		
Stretford M.B. ...	270	385	52	12	719	59	35	813	169	71	9	249	237	107		
TOTAL	1,053	1,535	169	79	2,836	167	41	3,044	617	224	44	885	753	357		
TOTAL—Administrative County	13,417	16,979	1,371	507	32,274	773	232	33,279	12,011	2,314	303	14,628	8,987	4,129		

(a) Age, in years, at end of 1967. (b) Year of birth.

TABLE 21—CHIROPODY SERVICE—(a) PROVIDED DIRECTLY BY THE COUNTY COUNCIL

Health Division No.	No. of clinics operating at end of year	Total No. of clinic sessions held	ANALYSIS OF TREATMENTS GIVEN—										ANALYSIS OF PATIENTS TREATED—						
			By place of treatment			By class of patient			Total	By place of treatment			By class of patient						
			Clinic	Surgery	Patient's Home	Home for Aged	Aged persons	Handicapped persons		Expectant mothers	Clinic	Surgery	Patient's Home	Home for Aged	Aged persons	Handicapped persons	Expectant mothers		
1	...	3	285	1,488	697	1,260	378	3,763	60	—	3,823	304	144	280	91	803	16	—	819
2	...	10	1,302	9,419	—	4,166	885	14,340	124	6	14,470	2,582	—	973	304	3,822	31	6	3,859
3	...	19	1,666	10,425	—	2,465	929	13,565	254	—	13,819	2,172	—	543	171	2,831	55	—	2,886
4	...	21	867	5,339	2,623	6,144	712	14,475	341	2	14,818	1,216	516	1,445	162	3,262	76	1	3,339
5	...	10	1,855	12,917	362	6,859	1,201	21,186	152	1	21,339	2,751	46	1,424	329	4,525	24	1	4,550
6	...	7	989	7,195	—	2,780	665	10,560	79	1	10,640	1,785	—	690	191	2,644	21	1	2,666
7	...	6	449	4,220	—	1,902	307	6,310	119	—	6,429	1,192	—	434	108	1,705	29	—	1,734
8	...	8	702	4,615	—	3,696	473	8,575	208	1	8,784	1,207	—	771	44	1,977	44	1	2,022
9	...	10	1,120	6,080	170	3,696	342	10,184	103	1	10,288	1,365	30	850	152	2,362	34	1	2,397
10	...	13	554	5,142	802	3,596	549	9,960	111	18	10,089	1,089	127	632	121	1,920	39	10	1,969
11	...	26	1,382	7,821	—	1,441	980	9,887	355	—	10,242	1,573	—	287	329	2,069	120	—	2,189
12	...	4	703	5,307	—	3,417	770	9,494	—	—	9,494	1,045	—	699	208	1,952	—	—	1,952
13	...	15	1,059	7,284	—	3,635	362	11,016	262	3	11,281	1,504	—	765	85	2,293	58	3	2,354
14	...	5	632	4,069	—	3,211	817	7,935	162	—	8,097	880	—	791	146	1,786	31	—	1,817
15	...	17	863	5,530	56	5,610	667	11,729	121	13	11,863	1,234	12	1,139	162	2,510	27	10	2,547
16	...	5	317	2,121	—	229	323	2,650	16	7	2,673	507	—	87	53	634	8	5	647
17	...	9	850	6,463	—	2,808	745	9,659	357	—	10,016	1,427	—	848	169	2,358	86	—	2,444
Total	...	188	15,595	105,435	4,710	56,915	11,105	175,288	2,824	53	178,165	23,833	875	12,658	2,825	39,453	699	39	40,191
Delegate District—Crosby M.B.	...	3	316	2,451	—	82	—	2,522	8	3	2,533	716	—	40	—	750	4	2	756
Huyton-w-R. U.D.	...	2	483	3,066	—	1,335	—	4,297	104	—	4,401	660	—	286	—	922	24	—	946
Middleton M.B.	...	1	129	1,207	371	1,212	—	2,752	38	—	2,790	379	65	304	—	737	11	—	748
Stretford M.B.	...	4	458	2,958	—	259	248	3,456	9	—	3,465	842	—	71	85	993	5	—	998
Total	...	10	1,386	9,682	371	2,888	248	13,027	159	3	13,189	2,597	65	701	85	3,402	44	2	3,448
TOTAL—Admin. County	...	198	16,981	115,117	5,081	59,803	11,353	188,315	2,983	56	191,354	26,430	940	13,359	2,910	42,855	743	41	43,639

TABLE 22—CHIROPODY SERVICE—(b) PROVIDED BY VOLUNTARY ASSOCIATIONS

Health Division No.	No. of Clinics operating at end of year	Total No. of Clinic sessions held	ANALYSIS OF TREATMENTS GIVEN—										ANALYSIS OF PATIENTS TREATED					
			By place of treatment				By class of patient				Total	By place of treatment			By class of patient			
			Clinic	Surgery	Patient's Home	Home for Aged	Aged persons	Handicapped persons	Expectant mothers	Clinic		Surgery	Patient's Home	Home for Aged	Aged persons	Handicapped persons	Expectant mothers	
1	...	298	1,951	790	938	28	3,649	58	—	3,707	370	156	182	4	703	9	—	712
2	...	220	1,760	—	—	—	1,756	4	—	1,760	420	—	—	—	418	2	—	420
3	...	282	1,725	5,023	1,282	67	8,010	87	—	8,097	312	823	234	13	1,372	10	—	1,382
4	...	177	1,747	6,961	2,762	—	11,445	25	—	11,470	281	1,440	514	—	2,210	25	—	2,235
5	...	—	—	—	1,363	—	1,327	96	—	1,363	—	—	340	—	333	7	—	340
6	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	...	50	357	1,123	2,127	—	3,577	29	1	3,607	74	424	505	—	998	4	1	1,003
9	...	199	1,226	—	675	—	1,879	18	4	1,901	271	—	130	—	396	4	1	401
10	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	...	896	3,078	5,533	2,650	—	11,134	127	—	11,261	785	1,374	719	—	2,851	27	—	2,878
12	...	648	5,181	4,595	1,612	—	11,387	1	—	11,388	1,214	765	372	—	2,350	1	—	2,351
13	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	...	—	—	2,033	402	—	2,354	81	—	2,435	—	373	103	—	465	11	—	476
15	...	377	2,910	—	—	—	2,910	—	—	2,910	575	—	—	—	575	—	—	575
16	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	...	170	1,281	—	924	—	2,141	64	—	2,205	269	—	244	—	504	9	—	513
Total	...	2,817	21,216	26,058	14,735	95	61,569	530	5	62,104	4,571	5,355	3,348	17	13,175	109	2	13,286
Delegate District— Crosby M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Huyton-w-R. U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Middleton M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stretford M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL—Admn. County	...	2,817	21,216	26,058	14,735	95	61,569	530	5	62,104	4,571	5,355	3,343	17	13,175	109	2	13,286

TABLE 23—HOME HELP SERVICE

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF CASES ATTENDED DURING 1967

Note : The percentages given are of the total numbers of cases in the respective areas.

Health Division No.		Home helps employed at 31st December, 1967		Total No. of cases attended	CATEGORY OF CASE												Chronic sick and aged and infirm (65 years and over)			Illness and others			Total cases attended per 1,000 population (mid-1967)
					Problem families		Confinement		Tuberculosis			Mentally disordered (under 65 years)		Chronic sick (under 65 years)									
		No. of cases	Per cent.													At home	Away from home		Under 65 years	No. of cases		No. of cases	
					No. of cases	Per cent.	No. of cases	Per cent.	65 years and over	Total	65 years and over	Total											
1	...	96	47	491	1	0.2	4	0.8	2	0.4	—	—	5	1.0	37	7.5	431	87.8	11	—	11	2.2	
2	...	326	150	1,623	—	—	22	1.4	13	0.8	4	7	4	0.2	8	0.5	1,412	87.0	157	—	157	9.7	
3	...	148	80	1,565	—	—	37	2.4	8	0.5	3	5	2	0.1	60	3.8	1,258	80.4	195	—	195	12.5	
4	...	314	196	1,849	3	0.2	72	3.9	1	0.1	—	—	5	0.3	41	2.2	1,654	89.5	70	3	73	3.9	
5	...	346	195	1,900	—	—	7	0.4	2	0.1	3	4	1	0.1	129	6.8	1,667	87.7	59	31	90	4.7	
6	...	210	99	1,458	—	—	18	1.2	—	—	3	4	1	0.1	121	8.3	1,281	87.9	33	—	33	2.3	
7	...	121	73	1,023	1	0.1	36	3.5	49	4.8	1	3	6	0.6	107	10.5	700	68.4	100	21	121	11.8	
8	...	306	162	1,716	2	0.1	42	2.4	6	0.3	3	8	9	0.5	218	12.7	1,409	82.1	22	—	22	1.3	
9	...	222	128	1,482	1	0.1	23	1.6	10	0.7	7	15	1	0.1	15	1.0	1,211	81.7	206	—	206	13.9	
10	...	220	123	1,137	8	0.7	16	1.4	9	0.8	3	5	5	0.4	80	7.0	958	84.3	56	—	56	4.9	
11	...	397	202	2,200	3	0.1	16	0.7	7	0.3	—	—	5	0.2	225	10.2	1,926	87.5	18	—	18	0.8	
12	...	174	97	1,610	—	—	32	2.0	20	1.2	3	4	2	0.1	152	9.4	1,349	83.8	51	—	51	3.2	
13	...	135	74	953	—	—	16	1.7	2	0.2	1	5	3	0.3	103	10.8	804	84.4	20	—	20	2.1	
14	...	222	115	1,283	—	—	13	1.0	12	0.9	1	2	2	0.2	49	3.8	1,091	85.0	113	1	114	8.9	
15	...	228	122	1,345	—	—	17	1.3	8	0.6	1	2	1	0.1	46	3.4	1,225	91.1	46	—	46	3.4	
16	...	111	52	414	—	—	3	0.7	9	2.2	—	—	—	—	21	5.1	368	88.9	13	—	13	3.1	
17	...	352	195	2,077	1	0.0	16	0.8	22	1.1	4	9	7	0.3	237	11.4	1,741	83.8	39	5	44	2.1	
Total		3,928	2,109	24,126	20	0.1	390	1.6	180	0.7	37	73	59	0.2	1,649	6.8	20,485	84.9	1,209	61	1,270	5.3	
Delegate District—																							
Crosby M.B.	...	58	36	592	—	—	15	2.5	11	1.9	2	2	2	0.3	52	8.8	450	76.0	42	18	60	10.1	
Huyton-w-Roby U.D.	...	116	73	664	2	0.3	14	2.1	1	0.2	1	9	—	—	23	3.5	515	77.6	93	7	100	15.1	
Middleton M.B.	...	114	64	685	1	0.1	8	1.2	3	0.4	—	—	—	—	31	4.5	578	84.4	63	1	64	9.3	
Stretford M.B.	...	183	87	696	—	—	5	0.7	7	1.0	—	—	4	0.6	18	2.6	595	85.5	63	4	67	9.6	
Total		471	261	2,637	3	0.1	42	1.6	22	0.8	3	11	6	0.2	124	4.7	2,138	81.1	261	30	291	10.7	
TOTAL—Admin. County		4,399	2,370	26,763	23	0.1	432	1.6	202	0.8	40	84	65	0.2	1,773	6.6	22,623	84.5	1,470	91	1,561	5.8	
																						11.2	

TABLE 25—MENTAL HEALTH SERVICE
ATTENDANCES AT COUNTY COUNCIL TRAINING CENTRES AND SPECIAL CARE UNITS DURING 1967

Health Division No.	Location of centre	Attendances during 1967			Position at 31st December, 1967		Remarks
		Total day places nominally available	Total attendances	Proportion (per cent.) of attendances to nominal places available	No. of places nominally available	No. on register	
	<i>Junior and Mixed Centres—</i>						
1	Ulverston	4,246	5,625	132·5	22	35	
2	Lancaster	11,700	11,538	98·6	60	68	
3	Kirkham	10,812	7,906	73·1	60	50	
4	Chorley	11,335	6,560	57·9	53	44	
5	Oswaldtwistle	11,940	10,098	84·6	60	60	
6	Nelson	11,000	5,013	45·6	50	34	
7	Burscough	11,640	8,340	71·6	60	55	
	Crosby	16,100	11,645	72·3	75	77	
8	Hindley	12,000	6,570	54·8	60	51	
9	Huyton	16,776	13,009	77·5	104	79	Extended during 1967 to provide 24 more places
	Kirkby	7,740	5,289	68·3	60	56	Opened 1st May, 1967
	Widnes	9,800	8,861	90·4	50	51	
10	Newton-le-Willows	9,800	12,053	123·0	50	74	
11	Atherton	11,092	8,376	75·5	62	47	Extended during 1967 to provide 12 more places
	Farnworth	7,200	5,724	79·5	36	34	
12	Prestwich	8,190	3,961	48·4	50	24	
	Rawtenstall	8,820	5,329	60·4	60	32	
13	Heywood	4,140	1,829	44·2	60	31	Opened 11th Sept., 1967
14	Chadderton	16,351	10,564	64·6	83	63	
15	Swinton	7,680	6,572	85·6	40	42	
16	Stretford	12,540	7,628	60·8	60	51	
17	Ashton-under-Lyne	14,544	8,750	60·2	60	55	
	TOTAL	235,446	171,240	72·7	1,275	1,113	
	<i>Adult Centres—</i>						
2	Lancaster	10,035	10,802	107·6	45	54	
3	Fleetwood	12,939	15,033	116·2	57	76	
4	Chorley	9,990	13,042	130·6	45	66	
	Walton-le-Dale	9,990	14,324	143·4	45	71	
5	Accrington	13,053	11,850	70·8	57	61	
6	Colne	10,260	14,148	137·9	45	64	
8	Hindley	11,400	13,474	118·2	60	80	Extended during 1967 to provide 15 more places
9	Huyton	13,400	20,752	154·9	80	99	Extended during 1967 to provide 20 more places
	Kirkby	9,990	6,442	64·5	45	31	
	Widnes	9,990	13,069	130·8	45	64	
10	Haydock	11,160	16,334	146·4	45	82	
11	Atherton	13,740	15,697	114·2	60	76	
	Farnworth	10,305	6,095	59·1	45	35	
12	Haslingden	10,080	13,927	138·2	45	74	
	Whitefield	10,440	12,621	120·9	45	68	
13	Wardle	10,860	10,918	100·5	60	57	Extended during 1967 to provide 15 more places
14	Chadderton—Oak Bank	10,755	13,600	126·5	60	67	Extended during 1967 to provide 15 more places
	Chadderton—Mills Hill	13,560	8,137	60·0	60	41	
15	Eccles	10,125	10,359	102·3	45	54	
	Worsley	10,080	10,870	107·8	45	57	
16	Urmston	9,945	11,634	117·0	45	63	
17	Denton	10,080	9,957	98·8	45	53	
	Droylsden	9,080	8,681	95·6	40	40	
	TOTAL	251,257	281,766	112·1	1,164	1,433	
	<i>Special Care Unit—</i>						
15	Eccles	4,540	4,653	102·5	20	27	
	TOTAL—ALL CENTRES	491,243	457,650	93·2	2,459	2,573	

TABLE 26—MENTAL HEALTH SERVICE

ANALYSIS OF PERSONS UNDER THE CARE OF THE COUNTY COUNCIL AT 31ST DECEMBER, 1967

	Mentally ill				Elderly mentally infirm		Psychopath				Subnormal				Severely sub normal				Totals				Grand Total
	Under 16 years		16 yrs. and over		M	F	Under 16 yrs.		16 yrs. and over		Under 16 yrs.		16 yrs. and over		Under 16 yrs.		16 yrs. and over						
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F					
1(a) Total numbers of persons under care at 31st December, 1967	3	3	2,056	3,264	110	293	—	—	3	1	244	187	808	760	514	380	601	556	761	570	3,578	4,874	9,783
(b) Attending training centres	—	—	50	53	1	1	—	—	2	—	214	169	338	362	441	335	369	342	655	504	760	758	2,677
* (c) On waiting list for training centres	—	—	5	3	—	2	—	—	—	1	24	10	47	40	50	39	77	70	74	49	129	116	368
(d) Resident in County Council hostels	—	—	70	103	—	—	—	—	—	—	15	10	140	107	26	18	38	41	41	28	248	251	568
† (e) On waiting list for residence in County Council hostels	—	—	1	—	—	10	—	—	—	—	2	2	32	—	8	9	5	9	10	11	38	19	78
(f) Resident at County Council expense in other residential homes or hostels	—	—	4	4	—	1	—	—	—	—	11	8	25	5	6	2	14	1	17	10	43	11	81
(g) Attending day hospitals	—	—	77	110	25	55	—	—	—	—	—	—	—	2	1	—	1	—	1	—	103	167	271
(h) Other persons than those in (b) to (g) who are receiving home visits	3	3	1,854	2,996	84	224	—	—	1	—	5	2	334	291	38	19	147	148	46	24	2,420	3,659	6,149
2. Persons on waiting list for hospital care—																							
(a) Urgent cases	—	—	—	—	3	14	—	—	—	—	7	—	1	2	17	8	8	7	24	8	12	23	67
(b) Non-urgent cases	—	—	—	5	—	2	—	—	—	—	3	1	2	1	21	7	13	13	24	8	15	21	68
3. Persons admitted for temporary residential care—																							
(a) To National Health Service hospitals	—	—	6	4	8	10	—	—	—	—	8	11	4	8	100	53	32	43	108	64	50	65	287
(b) To County Council residential accommodation	—	—	—	—	—	—	—	—	—	—	9	2	8	16	27	11	12	8	36	13	20	24	93
(c) Elsewhere	—	—	2	2	4	12	—	—	—	—	15	9	10	10	70	63	15	27	85	72	31	51	239
4. Sources of information in respect of cases referred to the County Council during 1967—																							
(a) General practitioners	5	4	603	990	102	262	—	—	—	3	3	1	6	3	—	2	3	3	8	7	714	1,261	1,990
(b) Hospitals, on discharge	—	2	672	1,031	71	193	—	—	1	—	—	—	34	39	2	—	20	13	2	2	798	1,276	2,078
(c) Hospitals, out-patients	2	2	166	376	26	50	—	—	—	1	3	5	1	—	6	5	1	1	11	12	194	428	645
(d) Local education authorities	—	—	1	—	—	—	—	—	—	—	27	17	2	6	18	12	5	5	45	29	8	11	93
(e) Police and courts	—	—	88	47	1	6	—	—	1	2	1	—	1	1	—	—	2	1	1	—	93	57	151
(f) Other sources	—	—	313	502	37	91	—	—	1	1	59	39	68	69	62	52	42	38	121	91	461	701	1,374

* Excludes County cases attending other authorities' or other bodies' centres.

† Excludes persons in hospitals who are considered suitable for transfer to County Council hostels.

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF MEDICAL EXAMINATIONS CARRIED OUT BY COUNTY COUNCIL MEDICAL STAFFS DURING 1967

TABLE 27—MEDICAL EXAMINATIONS

Health Division No.	Medical examinations undertaken in respect of—										Total medical examina- tions
	Fitness for job— County Council employees			Fitness to enter other local authorities' superan- nation schemes	Fitness to enter other local authorities' sickness pay schemes	Fitness to resume work— County Council employees	Children in care of Children's Committee	Entry to teachers' training colleges	Entrants to teaching profession (form 28 R.Q.)	Others	
	No. of Forms M.E.5 scrutinised	* Medical examina- tions carried out as a result of scrutiny of forms M.E.5	Posts requiring compulsory examina- tion								
1	...	149	2 (1)	3	—	2	74	53	9	1	178
2	...	470	56 (5)	26	26	4	89	168	16	—	483
3	...	454	74 (4)	10	—	—	201	197	13	7	561
4	...	863	113 (62)	20	—	22	204	348	17	—	890
5	...	781	129	12	—	7	694	277	22	†237	1,452
6	...	357	66 (9)	11	—	2	96	142	37	—	402
7	...	666	125 (14)	5	—	7	97	164	7	—	449
8	...	346	17	8	—	2	96	87	13	—	260
9	...	774	87 (32)	7	—	13	183	290	127	—	809
10	...	543	48	8	—	9	82	87	5	—	283
11	...	786	21 (1)	38	—	12	280	205	32	‡1,000	1,683
12	...	575	82	144	12	23	103	85	34	—	546
13	...	114	3	2	—	3	38	65	37	—	190
14	...	220	2	1	—	4	35	89	30	—	226
15	...	536	1	1	—	2	156	144	34	—	411
16	...	135	11	1	—	1	20	56	19	—	147
17	...	246	31 (4)	3	—	7	34	151	50	—	392
Delegate District—											
Crosby M.B.	...	84	6	—	—	—	11	82	9	—	122
Huyton-with-Roby U.D.	...	174	53	1	—	5	109	45	25	—	264
Middleton M.B....	...	181	4	5	1	—	75	116	14	—	234
Stretford M.B.	...	239	13	—	—	—	19	70	30	—	154
TOTAL—Administrative County	...	\$10,071	944 (132)	306	39	125	2,696	2,921	580	1,245	**10,282

* In addition, examinations were carried out of employees referred by C.M.O.H. (Central Office). These are shown in brackets.
† Includes 222 in respect of day nurseries. ‡ Boothstown Remand Home. § Includes 1,378 scrutinised by C.M.O.H. (Central Office).
** Includes 146 arranged by C.M.O.H. (Central Office).

TABLE 28—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1967—

(1) In Homes— (a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Div. No.	Home	Accommodation capacity at 31st Dec., 1967	Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
			No. at 31st Dec., 1966		Admissions		Discharges		Deaths		No. at 31st Dec., 1967		Admissions		Discharges		Deaths		No. at 31st Dec., 1967			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	Marsh House, Ulverston	35	14	22	6	11	4	8	2	6	14	19	—	1	—	—	—	—	—	—	—	2
2	Millwood House, Barrow-in-Furness	41	17	21	9	14	6	7	3	4	17	24	—	—	—	—	—	—	—	—	—	—
	*The Empress, Morecambe	50	16	31	13	15	4	8	9	6	16	32	—	—	—	—	—	—	—	—	—	—
	Moor Platt, Caton	26	6	21	3	12	2	10	4	2	3	21	—	—	—	—	—	—	—	—	—	—
	The Hermitage, Caton	40	16	24	14	8	11	6	2	4	17	22	—	—	—	—	—	—	—	—	—	—
	The Laurels, Lancaster	29	10	18	3	6	3	5	—	—	10	17	—	—	—	—	—	—	—	—	—	—
	Fair Elms, Lancaster	23	8	18	4	5	4	4	1	3	7	16	—	—	—	—	—	—	—	—	—	—
	Dolphinlee House, Lancaster	50	12	35	2	15	—	6	1	7	13	37	—	—	—	—	—	—	—	—	—	—
	Beaumont View, Lancaster	51	18	33	24	44	21	37	4	6	17	34	—	—	—	—	—	—	—	—	—	—
3	Slyne House, Lancaster	51	7	13	18	69	14	41	—	—	11	39	—	—	—	—	—	—	—	—	—	1
	Norcross House, Carleton, Thornton Cleveleys	24	10	13	1	6	1	3	—	—	10	13	—	—	—	—	—	—	—	—	—	2
	Milbanke, Kirkham	50	19	32	8	11	7	6	3	6	17	31	—	—	—	—	—	—	—	—	—	1
	*The Cumberland, Esplanade, Fleetwood	39	8	32	6	10	4	5	1	6	9	31	—	—	—	—	—	—	—	—	—	—
	Crossacres, St. Annes	50	9	42	4	19	2	14	—	—	11	41	—	—	—	—	—	—	—	—	—	—
4	The Woodlands, St. Andrew's Rd. South, St. Annes	24	8	15	1	2	1	3	1	—	7	14	—	—	—	—	—	—	—	—	—	—
	The Beeches, Bonds, Garstang	44	20	23	10	21	8	13	7	5	15	26	—	—	—	—	—	—	—	—	—	—
	Withnell Fold, near Chorley	40	19	20	7	1	4	—	3	1	19	20	—	—	—	—	—	—	—	—	—	1
	Peterfield House, Penwortham	50	13	37	9	11	5	8	3	4	14	36	—	—	—	—	—	—	—	—	—	1
	Broadfield House, Leyland	50	11	38	7	15	5	15	2	2	11	36	—	—	—	—	—	—	—	—	—	1
	Coniston House, Chorley	35	9	29	3	13	4	11	1	1	7	30	—	—	—	—	—	—	—	—	—	1
	Charnley Fold House, Walton-le-Dale	51	14	36	13	17	6	10	4	11	17	32	—	—	—	—	—	—	—	—	—	—
	Fell View, Longridge	51	—	—	39	103	23	60	6	2	10	41	—	—	—	—	—	—	—	—	—	—
5	Hill Top, Manchester Road, Accrington	16	16	—	1	—	1	—	—	—	16	—	—	—	—	—	—	—	—	—	—	—
	Warren Holt, Wipshire	26	14	11	10	7	7	7	2	—	15	—	—	—	—	—	—	—	—	—	—	—
	Glendene, Knowsley Road, Clayton-le-Dale	21	—	20	—	9	—	7	—	—	15	—	—	—	—	—	—	—	—	—	—	—
	Broad Oak, Accrington	42	18	23	8	11	7	8	1	2	18	24	—	—	—	—	—	—	—	—	—	—
	Northlands, Great Harwood	39	12	25	6	10	4	5	1	5	13	25	—	—	—	—	—	—	—	—	—	—
	Greenways, Darwen	50	19	30	12	15	10	10	4	5	17	30	—	—	—	—	—	—	—	—	—	—
	Castleford, Clitheroe	50	11	38	3	10	3	7	—	—	11	39	—	—	—	—	—	—	—	—	—	1
6	Woodlands, Clayton-le-Moors	51	—	—	14	49	2	7	—	—	12	39	—	—	—	—	—	—	—	—	—	—
	Stanley Villas, Albert Road, Colne	14	—	13	—	4	—	6	—	—	—	11	—	—	—	—	—	—	—	—	—	—
	Andrew Smith House, Marsden Hall Road, Nelson	50	19	32	14	19	12	13	3	6	18	32	—	—	—	—	—	—	—	—	—	—
	Marles Hill, Wheatley Lane, Barrowford	27	10	15	6	6	4	6	1	1	11	14	—	—	—	—	—	—	—	—	—	—
	Woodside, Padiham	50	16	36	12	15	12	11	4	—	11	38	—	—	—	—	—	—	—	—	—	—
7	Favordale, Colne	51	15	32	12	9	8	5	—	—	19	31	—	—	—	—	—	—	—	—	—	—
	Marbenthe, Marine Terrace, Waterloo	21	4	17	2	6	2	5	—	—	4	16	—	—	—	—	—	—	—	—	—	—
	Sefton House, Junction Lane, Burscough	29	10	16	3	7	4	4	—	—	9	18	—	—	—	—	—	—	—	—	—	—
	Eskdale, Birkdale, Southport	35	8	24	7	12	6	10	1	3	8	23	—	—	—	—	—	—	—	—	—	—
	Beaconview, Skelmersdale	50	15	35	7	18	3	19	2	4	17	30	—	—	—	—	—	—	—	—	—	—
	Whinbrook House, Maghull	50	21	29	11	16	10	11	2	6	20	28	—	—	—	—	—	—	—	—	—	—
8	Burtholme, Chorley Road, Worthington	19	16	—	8	—	6	—	2	—	16	—	2	—	—	—	—	—	—	—	—	—
	Thorley House, Atherton Road, Hindley	39	19	19	2	5	—	—	3	3	18	—	—	—	—	—	—	—	—	—	—	—
	Alma Green, Up Holland	35	11	24	6	14	9	13	—	—	8	24	—	—	—	—	—	—	—	—	—	—
	Garswood House, Ashton-in-Makerfield	51	21	30	7	17	8	8	3	8	17	31	—	—	—	—	—	—	—	—	—	—
9	High Carrs, Broadgreen Road, Huyton-w-Roby	28	6	19	5	9	4	5	1	5	6	18	—	—	—	—	—	—	—	—	—	—
	Huyton Quarry Manor, Manor Farm Road, Huyton-with-Roby	50	8	34	7	6	2	3	2	1	11	36	—	—	—	—	—	—	—	—	—	—
	Ethel Hanley House, Coronation Drive, Widnes	50	18	29	5	19	6	11	2	3	15	34	—	—	—	—	—	—	—	—	—	—
	Fazakerley House, Park Road, Prescott	35	9	26	6	16	6	8	2	8	7	26	—	—	—	—	—	—	—	—	—	—
	Kirkby House, Kirkby	51	15	31	9	12	6	8	—	—	18	31	—	—	—	—	—	—	—	—	—	—

Table 28—continued.

Health Div. No.	Home	Accommodation capacity at 31st Dec., 1967	Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
			No. at 31st Dec., 1966		Admissions		Discharges		Deaths		No. at 31st Dec., 1967		No. at 31st Dec., 1966		Admissions		Discharges		Deaths		No. at 31st Dec., 1967	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
10	Golborne House, Derby Road, Golborne ...	50	22	26	7	18	7	17	2	3	20	24	—	—	—	—	—	—	—	—	—	—
11	Heathside, Penketh ...	50	17	32	8	19	6	19	—	4	19	28	—	—	—	—	—	—	—	—	—	—
	Heyescroft, Haydock ...	51	22	29	6	16	4	16	2	2	22	27	—	—	—	—	—	—	—	—	—	—
	Hourigan House, Myrtle Avenue, Leigh ...	50	22	27	5	11	4	4	5	4	18	30	—	—	—	—	—	—	—	—	—	—
	Winifred Kettle House, Westhoughton ...	50	15	35	8	21	7	16	3	8	13	32	—	—	—	—	—	—	—	—	—	—
	The Wilfred Geere House, Farnworth ...	35	9	27	6	8	5	5	2	3	8	27	—	—	—	—	—	—	—	—	—	—
12	Park House, Tyldesley ...	51	13	34	2	20	—	15	3	3	12	36	3	—	—	—	—	—	—	1	—	—
13	Hazelhurst, Ramsbottom ...	18	9	8	5	3	5	3	—	1	9	7	—	—	—	—	—	—	—	—	—	—
	Croich Hey, Hawkshaw ...	27	8	19	—	10	—	8	4	4	4	17	—	—	—	—	—	—	—	—	—	—
	Redcliffe, Prestwich ...	27	13	17	13	12	19	17	1	3	6	9	—	—	—	—	—	—	—	—	—	—
	Homcliffe House, Rawtenstall ...	38	10	28	4	14	4	10	—	8	10	28	—	—	—	—	—	—	—	—	—	—
	Red Bank House, Radcliffe ...	50	20	32	16	17	13	13	2	8	21	28	—	—	—	—	—	—	—	—	—	—
	Ravengarth, Helmshore ...	50	14	36	9	18	8	14	1	6	14	34	—	—	—	—	—	—	—	—	—	—
	Elmhurst, Whitefield ...	51	—	—	22	40	5	7	1	3	16	30	—	—	—	—	—	—	—	—	—	—
	Oaklands, Rochdale Road, Milnrow ...	12	—	10	—	4	—	2	—	—	—	12	—	—	—	—	—	—	—	—	—	—
	Brooklyn, Rochdale Road, Heywood ...	21	11	9	7	3	2	2	5	—	11	9	—	—	—	—	—	—	—	—	—	—
	Olive House, Bacup ...	15	5	9	—	3	—	3	—	—	5	9	—	—	—	—	—	—	—	—	—	—
14	Birch View, Wardle ...	50	14	33	2	11	—	2	3	8	13	34	—	—	—	—	—	—	—	—	—	—
15	Claremont, 78 Windsor Road, Oldham ...	17	—	17	—	9	—	7	—	3	—	16	—	—	—	—	—	—	—	—	—	—
	Schofield House, Middleton ...	40	9	30	5	27	3	18	3	7	8	32	—	—	—	—	—	—	—	—	—	—
	The Coppice, 84 Windsor Road, Oldham ...	22	15	7	3	4	4	3	—	—	14	8	—	—	—	—	—	—	—	—	—	—
	Broadway House, Chadderton ...	50	15	35	11	25	10	20	3	6	13	34	—	—	—	—	—	—	—	—	—	—
	Laburnum House, Crompton ...	35	11	25	8	23	7	18	1	6	11	24	—	—	—	—	—	—	—	—	—	—
	Saxonside, Middleton ...	35	8	26	15	22	13	14	2	10	8	24	—	—	—	—	—	—	—	—	—	—
	Brierfields, Fallsworth ...	51	21	30	18	33	20	27	—	3	19	33	1	—	—	—	—	—	—	—	—	—
	Gilda Brook, Preston Avenue, Eccles ...	50	13	36	5	20	5	12	2	8	11	36	—	—	—	—	—	—	—	—	—	—
	The Limes, Moorfield Close, Swinton ...	35	8	26	6	20	6	17	—	3	8	26	—	—	—	—	—	—	—	—	—	—
	Birchfold, Worsley ...	50	12	37	8	9	7	6	1	2	12	38	—	—	—	—	—	—	—	—	—	—
16	Brynheys, Worsley ...	51	15	33	9	16	7	13	2	2	15	34	—	—	—	—	—	—	—	—	—	—
17	Grangehorpe, 98-100 Talbot Road, Stretford ...	25	9	16	3	4	3	1	—	4	9	15	—	—	—	—	—	—	—	—	—	—
	The Harry Lord House, Old Trafford ...	50	19	32	10	13	4	8	4	8	21	29	—	—	—	—	—	—	—	—	—	—
	The Katharine Lowe House, Davyhulme ...	50	8	42	3	16	2	9	3	7	6	42	—	—	—	—	—	—	—	—	—	—
	Beechfield House, Irlam ...	51	12	34	6	15	7	9	—	1	11	39	—	—	—	—	—	—	—	—	—	—
	Holme Lea, Astley Road, Stalybridge ...	20	8	12	6	5	6	4	—	1	7	12	—	—	—	—	—	—	—	—	—	—
	Sunnyside, Sunnyside Road, Droylsden ...	35	5	30	11	27	7	28	—	2	9	27	—	—	—	—	—	—	—	—	—	—
	Hurst Hall, Ashton-under-Lyne ...	51	18	32	9	33	8	25	1	7	18	33	—	—	—	—	—	—	—	—	—	—
	Greatwood House, Denton ...	51	23	28	13	25	10	19	4	5	22	29	—	—	—	—	—	—	—	—	—	—
	Kingsfield, Ashton-under-Lyne ...	51	—	—	25	29	3	1	—	1	22	27	—	—	—	—	—	—	—	—	—	—
TOTAL ...		3,450	1,048	2,100	681	1,372	1,502	909	154	321	1,073	2,242	12	26	4	6	1	6	1	2	14	24

* A further 20 places are available in this Home for short stay cases.

† A further 10 places are available in this Home for short stay cases.

Managing Authority	Home	Cases which were County Council responsibility									
		No. at 31st December, 1966		Admissions		Discharges		Deaths		No. at 31st December, 1967	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Manchester C.B.C.	...	...	...	...	...	...	...	...	...	...	...
	Whitemoss, Blackley ...	...	1	—	—	—	—	—	—	—	1
	Weylands, Baguley ...	...	1	—	—	—	—	—	—	1	1
	Alanor, Haleburn ...	...	—	—	—	—	—	—	1	—	—
	Kirkly House, Manchester	...	—	—	—	—	—	—	—	—	1
	Fairholme, Higher Blackley	...	1	—	—	1	—	—	—	—	—
Montgomeryshire C.C.	Brynterion Welfare Home, Welshpool	...	—	—	—	—	—	—	—	1	—
Northumberland C.C.	Doxford Hall, Chathill, Alnwick	...	1	—	—	—	—	—	—	—	1
Nottingham C.C.	The Old Vicarage, Southwell	...	1	—	—	—	—	—	—	1	—
Oldham C.B.C.	Fairhaven, Oldham ...	...	1	—	—	1	—	—	—	1	—
	Stamford House, Oldham	...	—	—	—	—	—	—	—	—	1
	Greenacres Lodge, Oldham	...	1	—	—	—	—	—	—	—	1
Preston C.B.C.	Ashton Civic Hostel, Preston	...	1	—	—	—	—	—	—	—	1
	Wilson House, Preston ...	...	—	—	—	—	—	—	—	—	1
	Sunnybank Preston ...	...	1	—	—	1	—	—	—	—	1
	Kempock House, Gourock	...	—	—	—	—	—	—	—	—	1
Renfrewshire C.C.	Craighouse, Richmond	...	—	—	1	—	—	—	—	—	—
Richmond-upon-Thames L.B.C.	Chamber House, Heywood	...	—	—	—	—	—	—	—	—	—
Rochdale C.B.C.	Moss Bank, St. Helens ...	...	1	—	—	—	—	—	—	1	—
St. Helens C.B.C.	Nutgrove Hall, St. Helens	...	—	—	—	—	—	—	—	—	1
	Ashton's Green, St. Helens	...	1	—	—	—	—	—	—	—	1
	The Hardmans, Salford	...	—	—	—	1	—	—	—	—	—
Salford C.B.C.	Evaeholme, Park Road, Salford	...	1	—	—	—	—	—	—	—	—
	Cranbrook, Prestwich ...	...	1	—	—	—	—	—	—	1	—
	Wentworth, 8 Westminster Rd., Ellesmere Pk., Eccles	...	—	2	—	—	—	—	—	—	2
	Glencorse, Salford	...	—	1	—	—	—	—	—	—	—
	The Homestead, Salford	...	—	1	—	—	—	—	—	—	1
Somerset C.C.	Heathfield, Weston-super-Mare	...	—	1	—	—	—	—	—	—	—
Southport C.B.C.	Craig House, Southport	...	—	1	—	—	—	—	—	—	—
Staffordshire C.C.	Fernleigh, 52, Marston Road, Stafford	...	1	—	1	—	—	—	—	1	—
	Roseneath, Stone	...	—	—	1	—	—	—	—	—	—
Surrey C.C.	St. James', Farnham, Surrey	...	—	1	—	—	—	—	—	—	1
Wandsworth L.B.C.	Brockle Bank, London, S.W.18	...	—	1	—	—	—	—	—	—	—
Westmorland C.C.	The Abbey, Staveley ...	...	1	—	—	—	—	—	—	—	—
	Howard House, Kendal	...	1	—	—	—	—	—	—	1	—
	Millgarth, Pontefract	...	1	—	—	—	—	—	—	—	—
West Riding C.C.	Hillworth Lodge, Oakworth Road, Keighley	...	1	—	—	—	—	—	—	—	—
	The Shroggs, Steeton ...	...	—	1	—	—	—	—	—	1	—
	Park House, Bradford ...	...	—	—	1	—	—	—	—	—	—
	TOTAL	...	23	47	8	12	6	8	1	24	43

TABLE 31—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1967 (continued)—
(2) In former Public Assistance Institutions, etc. (continued)—
(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated

Managing Authority		Name of Establishment		Cases which were County Council responsibility												
				In respect of accommodation provided under S.21(1)(a)						In respect of accommodation provided under S.21(1)(b)						
				No. at 31st Dec., 1966	Admis- sions	Dis- charges	Deaths	No. at 31st Dec., 1967	No. at 31st Dec., 1966	Admis- sions	Dis- charges	Deaths	No. at 31st Dec., 1967			
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Blackburn C.B.C.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burnley C.B.C.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Liverpool C.B.C.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Manchester C.B.C.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Preston C.B.C.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Salford C.B.C.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Warrington C.B.C.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wigan C.B.C.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Social Welfare Home, Frog Lane, Wigan				...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL—Former Public Assistance Institutions				...	...	...	...	...	...	...	...	...	...	...	...	...
16	22	2	4	2	4	1	6	15	16	—	—	—	—	—	—	—
Langho Epileptic Colony, Langho				...	...	...	...	...	...	...	...	...	...	...	...	...
57	69	7	8	4	—	3	5	57	72	—	—	—	—	—	—	—
TOTAL—All above establishments				...	...	...	...	...	...	...	...	...	...	...	...	...
73	91	9	12	6	4	4	11	72	88	—	—	—	—	—	—	—

TABLE 32—continued.

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1966		Admissions		Discharges		Deaths		No. at 31st Dec., 1967	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Girl Guides Association
Hannay Masonic Trust
Hatherlow House Committee
Hawick and District Eventide Homes Ltd.
Hostels for Crippled Women
Borough of Hyde Welfare for Aged, Infirm and Lonely People
Infantile Paralysis Fellowship
House Committee for Kolbe House
Langdale Cottage Homes Trust
Liverpool Women's Free Church Council
Leeds Home for Aged Jews
Maghull Homes for Epileptics (Inc.)
Manchester Family Help Unit for Spastics
Manchester Jewish Homes for the Aged
Maryland Home for Elderly People
Methodist Homes for the Aged
Missionary Sisters of Our Lady of Apostles
Morris Feinmann Homes Trust
Mutual Aid Homes Ltd.
National Institute for the Deaf
National Society for Epileptics
National Spastics Society
Woodlarks Workshops, Farnham
Fair Lawn, Lytham
The Tithebarn, Great Crosby
Hatherlow House Committee Homes, Southport
Weens House, Hawick
Love Walk, Denmark Hill, London, S.E.5
Bowlacre Home, Hyde
Pole Bank Hall, Hyde
Silverwood Home, Cobham
Kolbe House, London, W.5
Langdale Cottage Homes, Worsley
Sundale, Liverpool 17
Donithorpe Hall, Leeds
Maghull Homes for Epileptics, Maghull
Southfield, Manchester 16
Manchester Jewish Homes for the Aged, Manchester
Maryland Home, Formby
Astoria, Colwyn Bay
Fulwood Park, Liverpool...
Glen Rosa, Ilkley
Stratton House, Bath
Starr Hills, St. Annes
Woodbank, Woking
Aigburth, Dabby, Leicester
The Convent, Leigh
Morris Feinmann Homes Trust, Didsbury
Westerley, Grange-over-Sands
Westerley, Westcliffe-on-Sea
Barleythorpe Hall, Oakham
Richardson House, Blackburn
Chalfont Colony, Chalfont St. Peter
Prested Hall Centre, Feering
Coombe Farm, Croydon
Daresbury Hall Centre, Daresbury
The Bedford, Burton
Elphick House, Bristol
Heathbank, Halifax
Thorn Grove House, Gillingham

TABLE 32—continued.

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1966		Admissions		Discharges		Deaths		No. at 31st Dec., 1967	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Nazareth House	Nazareth House, Widnes ...	32	45	24	10	16	7	10	10	30	38
	Nazareth House, Crosby ...	7	43	1	4	—	—	2	9	6	38
	Nazareth House, Prestwich ...	—	1	—	—	—	—	—	1	—	—
Northern Counties Eventide Homes	36, Lancaster Road, Birkdale ...	—	4	—	—	—	—	—	3	—	1
Papworth Village Settlement ...	Papworth Village Settlement, Cambridge ...	4	—	—	—	—	—	—	—	4	—
Peacehaven House Committee	115 Roe Lane, Southport ...	—	1	—	—	—	—	—	—	—	1
Pentecostal Eventide Housing Association	Brooklands, Bakewell ...	—	—	—	1	—	—	—	1	—	—
	Woodend, Disley ...	—	1	—	—	—	—	—	—	—	1
Railway Benevolent Institution	Boxhurst, Dorking, Surrey ...	—	1	—	—	—	—	—	—	—	1
St. Elizabeth's Home for Epileptics	St. Elizabeth's Home, Much Hadham ...	—	1	—	—	—	—	—	—	—	1
St. Joseph's Hospital ...	St. Joseph's Hospital, Manchester ...	—	1	—	—	—	—	—	—	—	1
Salvation Army Eventide Homes	Mowbray, Clevedon, Somerset ...	—	—	1	—	—	—	—	—	—	—
	Elizabeth Walker Home, Orrell Hey, Bootle ...	—	4	—	—	—	—	—	—	1	—
	Holt House, Prestwich ...	—	11	—	3	—	—	—	3	—	4
	Laurel Bank, Salford ...	—	4	—	—	—	—	—	1	—	11
	Mary Fowler Home, Allerton, Liverpool ...	—	1	—	—	—	1	—	1	—	3
	Marlow, Wittington, Bucks. ...	—	1	—	—	—	—	—	—	—	—
	The Hawthorns, Buxton ...	—	2	—	—	—	1	—	—	—	1
	Wicksted Hall, Whitchurch ...	1	—	—	—	—	—	1	—	—	—
	Sunnyside, Edinburgh ...	—	1	—	—	—	—	—	—	—	—
Sisters of Charity of Jesus and Mary...	Stella Matutina Convent, Ansdell ...	—	8	—	3	—	1	—	2	—	1
	Holly Mount Convent, Tottington ...	—	40	—	12	—	5	—	4	—	8
Society of Friends	Beechville, Lostock Park, Bolton ...	6	6	1	1	—	2	1	—	6	43
Society of Friends of Foreigners in Distress...	Libury Hall, Munden, Herts. ...	—	1	—	—	—	—	—	—	—	5
Stapely Home for Aged Jews ...	Stapely, Liverpool 18 ...	—	—	—	1	—	—	—	—	—	1
Stone Bower Fellowship	The Cove, Silverdale ...	5	10	2	5	2	4	—	—	5	11
Turner Memorial Home of Rest	Turner Memorial Home, Dingle Head, Liverpool ...	1	—	1	—	—	—	—	—	2	—
Urmston Housing Association	Ann Challis Eventide Home, Urmston ...	16	23	3	3	2	7	—	1	17	18
Women's Voluntary Services Residential Clubs	Haylands Eventide Home, Urmston ...	—	1	—	—	—	—	—	—	—	—
	Tickford Abbey, Newport ...	—	1	—	—	—	—	—	—	—	1
	58 Elsworth Road, Hampstead ...	—	1	—	—	—	—	—	—	—	—
Yorkshire Association for the Care of Cripples	St. George's Training Centre, Harrogate ...	1	—	—	—	—	—	—	—	1	—
	TOTAL ...	188	443	77	92	41	61	28	68	196	406

TABLE 33—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
 ACCOMMODATION PROVIDED DURING THE YEAR 1967 (continued)—
 (3) In Establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area) (continued)—
 (b) Homes for the Blind

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1966		Admissions		Discharges		Deaths		No. at 31st Dec., 1967	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Barrow, Furness & South Cumberland Association for the Blind ...	Ostley House, Abbey Road, Barrow-in-Furness ...	2	1	—	—	—	—	1	1	1	—
Blackpool and Fylde Society for the Blind ...	Princess Alexandra Home for the Blind, Bosworth Place, Squires Gate, Blackpool ...	5	14	—	3	—	1	—	3	5	13
Catholic Blind Institute ...	59 Brunswick Road, Liverpool 6 ...	2	2	—	—	1	—	—	—	1	2
Child Memorial Home for the Blind ...	Child Memorial Home for the Blind, Sunny Lawns, Sandy Walk, Wakefield ...	—	1	—	—	—	—	—	—	—	1
Fulwood Workshops for the Blind ...	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston ...	3	11	1	—	1	—	1	—	2	11
Henshaw's Institution for the Blind ...	Mary Ann Scott Home, Southport Thomas Briggs Lomas Home, Rhyl ...	—	9	—	1	—	—	—	—	—	10
Hereford County Association for the Blind ...	Hampton Grange, Hereford ...	—	1	—	—	—	—	—	—	—	1
Liverpool Home Teaching Society for the Blind ...	Ash Lea Boarding House for Women, Aigburth Road, Liverpool ...	—	1	—	—	—	—	—	—	—	1
Manchester Jewish Blind Society ...	Jewish Blind Society Home, Albert Road, Southport ...	1	2	2	—	1	—	—	1	2	1
Jewish Homes for Blind Persons ...	Rockefield, Westcott, Dorking ...	1	—	—	—	—	—	—	—	1	—
Manchester and Salford Blind Aid Society ...	"Elms," Pendleton ... Godfrey Ermen Memorial Home, Southport ... "Oaklands," Pendleton ...	—	8	—	2	—	1	—	1	—	8
		3	2	—	1	—	1	—	—	3	2
		5	6	3	4	—	3	—	—	8	7
North London Blind Society ...	Vernon House, Bishops Avenue, London, N.2. ...	—	—	—	1	—	—	—	—	—	1
North Regional Association for the Blind ...	"Oaklands," Huddersfield Road, Holmfirth ... "Springhill," Nelson ...	3	9	—	—	2	3	—	1	1	5
		5	13	2	3	1	1	—	—	6	15
Royal National Institute for the Blind ...	Royal School for the Blind, Leatherhead ... "Tate House," Home for the Deaf-Blind, Harrogate ... "Wilton Grange," West Kirby ... "Kathleen Chambers," Home, Burnham-on-Sea ... Westcliffe House, Westgate-on-Sea ...	2	—	—	—	—	—	—	—	2	—
		2	1	—	—	—	—	—	—	2	1
		1	1	—	—	—	—	—	—	1	1
		1	—	1	—	1	—	—	—	1	—
		—	1	—	—	—	—	—	—	—	1
		41	83	9	15	8	10	2	7	40	81
	TOTAL ...										

TABLE 34—HOUSING

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1967

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE DWELLINGS			UNFIT DWELLINGS				
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
													In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Abram ...	30	32	10	32	—	—	20	—	320	542	1	36	6	28
Accrington (B) ...	90	—	30	—	—	—	60	—	1,433	2,908	2	12	155	629
Adlington ...	35	—	2	—	—	—	33	—	127	148	65	—	32	—
Ashton-in-Makerfield ...	213	262	—	—	—	—	213	262	380	755	90	23	84	222
Ashton-under-Lyne (B) ...	156	20	14	20	—	—	142	—	1,401	2,209	767	122	230	*
Aspull ...	63	—	—	—	—	—	63	—	180	399	34	10	13	333
Atherton ...	108	—	19	—	—	—	89	—	518	624	65	16	13	37
Audenshaw ...	110	57	87	57	—	—	23	—	92	140	—	14	1	500
Bacup (B) ...	8	3	3	3	—	—	5	—	683	1,429	—	146	149	1,361
Barrowford ...	50	—	—	—	—	—	50	—	88	170	—	20	—	175
Billinge and Winstanley ...	172	—	—	—	—	—	172	—	220	608	31	26	22	20
Blackrod ...	49	—	—	—	—	—	49	—	162	346	13	2	10	12
Brierfield ...	15	—	—	—	—	—	15	—	127	298	33	—	24	—
Carnforth ...	15	—	—	—	—	—	15	—	48	59	—	—	—	—
Chadderton ...	404	72	114	72	—	—	290	—	2,913	4,552	50	152	371	1,740
Chorley (B) ...	95	35	14	35	—	—	81	—	501	1,433	256	95	141	97
Church ...	6	14	—	14	—	—	6	—	110	150	16	21	38	21
Clayton-le-Moors ...	36	—	—	—	—	—	36	—	32	93	23	20	12	—
Clitheroe (B) ...	58	44	—	44	—	—	58	—	60	93	13	62	30	300
Colne (B) ...	14	—	8	—	—	—	6	—	168	1,112	115	2	17	208

* Not available

TABLE 34—continued.

NEW HOUSES ERECTED DURING YEAR										DEFECTIVE DWELLINGS				UNFIT DWELLINGS			
URBAN DISTRICTS				Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
																In respect of which clearance, etc., orders have been made	In respect of which orders have not yet been made
Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Crompton ...	135	20	9	20	—	—	—	126	—	518	914	31	18	67	237		
Crosby (B)...	149	267	114	182	—	—	—	35	85	3,021	6,250	681	299	433	1,342		
Dalton-in-Furness	97	—	—	—	—	2	—	95	—	73	128	2	—	2	11		
Darwen (B)	100	44	8	44	—	—	—	92	—	300	336	1	113	117	—		
Denton ...	295	30	42	—	—	156	30	97	—	1,775	2,942	111	41	19	64		
Droylsden ...	44	54	10	54	—	—	—	34	—	270	600	—	84	99	665		
Eccles (B) ...	9	332	2	306	—	—	—	7	26	7,602	11,253	94	201	234	808		
Failsworth...	82	—	—	—	—	—	—	82	—	231	603	34	8	6	242		
Farnworth (B)	59	26	34	24	—	—	—	25	2	450	1,127	172	59	144	117		
Fleetwood (B)	141	29	22	29	—	—	—	119	—	396	500	109	22	37	—		
Formby ...	564	—	—	—	—	—	—	564	—	103	237	50	9	10	—		
Fulwood ...	181	1	21	1	—	—	—	160	—	217	315	170	—	—	—		
Golborne ...	215	—	24	—	—	—	—	191	—	510	934	181	26	6	31		
Grange ...	14	13	—	—	—	—	—	14	13	*	*	*	—	*	*		
Great Harwood	48	96	—	96	—	—	—	48	—	72	146	17	14	—	165		
Haslingden (B)	72	30	—	30	—	—	—	72	—	403	596	75	5	112	383		
Haydock ...	122	—	28	—	—	—	—	94	—	253	622	90	14	43	268		
Heywood (B)	107	52	—	52	—	20	—	87	—	2,177	6,531	212	35	177	719		
Hindley ...	223	4	—	4	—	—	—	223	—	230	622	—	42	36	350		
Horwich ...	52	—	—	—	—	—	—	52	—	666	1,508	339	19	14	37		
Huyton-with-Roby	143	31	118	29	—	2	—	23	2	1,310	2,434	126	—	12	88		

* Not available

* Not available

TABLE 34—continued.

NEW HOUSES ERECTED DURING YEAR										DEFECTIVE DWELLINGS				UNFIT DWELLINGS		
URBAN DISTRICTS	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year			
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					In respect of which clearance, etc., orders have been made	In respect of which orders have not yet been made		
Ince-in-Makerfield	22	8	—	8	—	—	22	—	308	462	209	21	109	477		
Irlam	193	23	3	—	99	23	91	—	268	768	134	6	4	—		
Kearsley	68	—	26	—	—	—	42	—	107	227	13	71	20	41		
Kirkby	277	—	187	—	4	—	86	—	983	1,223	—	—	—	2		
Kirkham	49	—	—	—	—	—	49	—	393	570	174	—	4	—		
Lancaster (B)	321	—	145	—	—	—	176	—	337	804	71	17	6	—		
Lees	36	—	9	—	—	—	27	—	177	211	69	20	17	205		
Leigh (B)	220	2	8	2	—	—	212	—	874	2,572	—	86	107	307		
Leyland	169	56	46	56	—	—	123	—	37	49	5	6	—	2		
Litherland...	15	6	13	6	—	—	2	—	1,218	2,697	544	32	—	—		
Littleborough	97	—	26	—	—	—	71	—	240	581	44	—	42	—		
Little Lever	168	1	—	—	—	—	168	1	234	615	—	10	66	106		
Longridge	74	—	—	—	—	—	74	—	74	150	28	3	8	20		
Lytham St. Annes (B)	94	46	—	—	—	—	94	46	96	364	6	1	3	6		
Middleton (B)	151	137	134	137	—	—	17	—	2,279	3,973	313	181	251	518		
Milnrow	193	—	12	—	—	—	181	—	194	364	6	6	8	—		
Morecambe and Heysham (B)	110	58	—	8	—	—	110	50	1,029	1,875	94	—	—	—		
Mossley (B)	78	—	—	—	—	—	78	—	162	313	58	23	146	40		
Nelson (B)...	11	—	—	—	—	—	11	—	180	724	—	12	77	16		
Newton-le-Willows	106	—	38	—	—	—	68	—	372	1,107	112	8	22	24		
Ormskirk	115	24	4	24	—	—	111	—	892	1,304	143	9	58	60		

TABLE 34—continued.

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URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE DWELLINGS				UNFIT DWELLINGS			
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
													In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Orrell ...	40	12	9	12	—	31	—	474	803	33	3	9	169	
Oswaldtwistle ...	87	—	16	—	—	71	—	40	40	31	8	40	516	
Padiham ...	10	4	—	4	—	10	—	136	354	42	9	20	107	
Poulton-le-Fylde ...	133	—	—	—	—	133	—	36	36	12	—	—	—	
Presall ...	106	—	—	—	—	106	—	—	—	—	—	—	—	
Prescot ...	36	—	32	—	1	3	—	894	1,557	21	39	7	31	
Prestwich (B) ...	55	4	16	—	26	13	—	323	814	37	10	138	107	
Radcliffe (B) ...	189	8	55	8	—	134	—	180	1,466	96	51	51	134	
Rainford ...	95	2	—	—	—	95	2	12	25	1	1	10	8	
Ramsbottom ...	189	36	—	36	55	134	—	86	108	—	13	86	—	
Rawtenstall (B) ...	75	58	57	58	—	18	—	223	349	98	109	429	1,162	
Rishton ...	68	—	2	—	—	66	—	42	130	22	9	9	—	
Royton ...	240	—	—	—	—	240	—	457	673	68	100	66	—	
Skelmersdale ...	183	23	39	23	—	144	—	515	1,435	234	35	53	100	
Standish-with-Langtree ...	137	—	—	—	—	137	—	220	392	68	3	—	16	
Stretford (B) ...	4	87	4	87	—	—	—	2,067	6,277	61	175	639	981	
Swinton and Pendlebury (B) ...	78	42	12	24	—	66	18	990	3,600	150	60	157	97	
Thornton Cleveleys ...	435	31	—	24	—	435	7	45	158	5	—	5	2	
Tottington... ...	102	—	—	—	—	102	—	4	12	—	—	2	147	
Trawden ...	5	8	5	8	—	—	—	73	112	1	19	10	19	
Turton ...	212	—	—	—	—	212	—	463	524	137	12	3	173	

TABLE 34—continued.

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE DWELLINGS				UNFIT DWELLINGS			
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
Tyldesley ...	360	—	53	—	—	—	307	—	285	445	36	72	14	12
Ulverston ...	114	—	—	—	—	—	114	—	20	204	26	—	40	17
Up Holland ...	232	17	—	—	—	—	232	17	152	204	49	7	25	36
Urmston ...	233	—	12	—	—	—	221	—	275	745	15	4	41	17
Walton-le-Dale ...	350	—	—	—	—	—	350	—	469	624	296	4	13	4
Wardle ...	103	20	—	20	103	—	—	—	143	314	—	17	15	26
Westhoughton ...	48	—	—	—	—	—	48	—	812	1,788	120	3	42	150
Whitefield ...	494	173	—	—	411	164	83	9	160	354	28	4	15	—
Whitworth ...	139	16	88	16	—	—	51	—	181	299	42	24	51	116
Widnes (B) ...	347	26	30	26	—	—	317	—	986	1,936	130	116	259	955
Withnell ...	24	—	—	—	—	—	24	—	123	137	18	—	—	40
Worsley ...	194	28	59	28	—	—	135	—	1,103	2,279	358	15	95	144
Total Urban Districts ...	10,536	1,985	1,572	1,486	879	221	8,085	278	52,583	105,813	8,327	3,222	6,208	18,320

TABLE 34—continued.

RURAL DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE DWELLINGS				UNFIT DWELLINGS			
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	No. remaining at end of year	
													In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Blackburn...	
Burnley	
Chorley	
Clitheroe	
Fylde	
Garstang	
Lancaster	
Lunesdale	
North Lonsdale	
Preston	
Warrington	
West Lancashire	
Whiston	
Wigan	
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